



July 23, 2020

Co-Chairs Nosse and Beyer –

On behalf of Oregon's 62 hospitals, OAHHS offers these comments to the Tri-Chairs' 2020 Rebalance Framework and specific feedback to the Co-Chair 2020 Rebalance Plan related to Human Services. We applaud the Tri-Chairs for prioritizing health care and protecting Oregonians on the Oregon Health Plan. Additionally, we again thank the Emergency Board for continuing to support hospitals and their communities in rural Oregon by dedicating federal CARES Act funding for a Rural Hospital Stabilization Fund. This grant program will help to ensure that our rural communities continue to have access to the care they deserve and expect during this pandemic.

While we appreciate the prioritization of health care in this proposed list and we support your efforts to protect healthcare for our most vulnerable from reductions, we do have some questions and concerns as you work this budget through the process.

- **CCO Rate Adjustment (\$26M GF)**

We are concerned about the level of transparency and the way this adjustment will be implemented considering the lack of discussion about how this will be accomplished at the local CCO level. As shown in the detailed spreadsheet, a reduction of \$97M in 2020 comes with no transparency regarding the allocation or how OHA expects this reduction to affect services. Considering the current strain on the health care system due to the COVID-19 pandemic and rising caseloads, considerable pause should be taken on this reduction.

- **Caseload Projections**

We have concerns that updated caseload projections are not being utilized to inform the discussion. Without updated data, even if it is out of the cycle and more limited, we cannot be confident that the decisions made will help reduce strains on our healthcare system. Considering national consultant projections of social service caseload increases based on economic condition at the state and national level, caseload estimates should be included as a consideration in order to best understand how to continue health care delivery for many Oregonians in need.

- **FMAP Funding**

We support dedicating the enhanced FMAP funding for caseload increases and reserving any current or projected general or other funds Oregon Health Plan savings for future caseloads or costs associated with the Oregon Health Plan.

- **Oregon State Hospital**

We believe Oregon State Hospital (OSH) decisions and the behavioral health system should continue to be a priority discussion. As policymakers grapple with financial constraints, properly funding community programs to ensure adequate patient flow through the system will be paramount. This is our most significant concern and OAHHS will work to protect existing funds

for critical community programs that support patients as they are supported in our member hospitals waiting for placement to OSH.

- **Guardianship Program**

We do not support the cut to the Guardianship Program. While this seems like a nominal cut at \$140,000 in state funds, the impact to the program, and the value of the program will be felt statewide. This is a critical program to ensure appropriate housing placement for adolescents, adults, and seniors who do not require the high level of acute care that hospitals provide. Cutting this program now as COVID-19 case counts begin to rise is counterproductive, as hospitals are preparing for an increase of patients. This proposed cut to the program does not help with moving patients through to the appropriate level of care and instead removes a hospital bed from a patient who needs acute hospital-level care.

We thank the Co-Chairs and the members of the committee for their work on behalf of the state and our communities. We stand ready to assist and let us know if there are any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Easton", with a stylized, flowing script.

Andrea Easton
Vice President of Government Affairs
Oregon Association of Hospitals and Health Systems

TO: Co-Chairs Beyer and Nosse and all the members of the Joint Interim Committee on Ways and Means Subcommittee on Human Services

Date: 7/23

Subject: State budget

Central City Concern (CCC) is a non-profit direct service organization that provides integrated primary and behavioral health care, supportive and affordable housing, and employment services to people impacted by homelessness in the Tri-County area. Central City Concern operates about 2,100 units of affordable housing, serves 9,000 patients annually through our 13 Federally Qualified Health Centers, makes 1,200 job placements annually. **Our programs and properties span Districts 33,36,42,43,44,45,46,47,48 and 50**

State Budget

Now is the time to protect and invest in our social safety net. Critical services like housing, health care and economic stability programs are needed now more than ever. While we understand the budget constraints the State of Oregon is under, we need our state leadership to value and center communities most impacted by poverty, homelessness and COVID-19. Reductions to self-sufficiency programs, homeless response and housing stability and the Oregon Health Plan will prolong the negative impacts of COVID-19 for a generation. We ask:

- **Keep the OHP budget whole and invest** more funds to allow providers and CCOs to scale up to the needs of new members who have recently lost health coverage as a result of becoming unemployed. This include maintaining the new increased behavioral health rate increases.
- **Invest in social service programs that address and prevent homelessness.** Prior to COVID-19 coming into our communities we were already seeing crisis level experiences of homelessness with local communities declaring states of emergency (that are still active) on homelessness. Services that help to prevent homelessness include recovery services, peer support, employment and benefits attainment supports, health care, rent assistance both short and long-term.

“Now more than ever, the Latinx community need the support and the financial resources to keep them housed and in alcohol and drug and mental health treatments.” *Daniel Garcia, Puentes Program, Director of Latino Services*

“Cutting OHP funding will have a negative cascading effect on the lives of those already facing the greatest social inequalities as a result of existing racist policies, environmental injustice, and racial profiling. Additionally, with increasing unemployment rates as a result of COVID 19, cutting OHP funding will further increase this gap in resources. Now is the time to get ahead of this cascade and increase funding for OHP by adjusting the existing infrastructure centered around upholding white supremacy.” *Andrew Nelson, Old Town Clinic/SUMMIT, Health Coordinator*

"Human life's do not equal resources. Resources equal human life's." *Barber Baker, Letty Owings Center, Administrative Care Coordinator*

"I have had the pleasure of working with the Puentes program at Central City Concern for the past 13 years. Puentes serves the Latinx community through culturally specific services presented in Spanish. I have personally witnessed countless lives transformed through services provided by a team who is not only bilingual, but is also bi-cultural. Clients have described their experiences with Puentes as feeling like they have found a family who supports and encourages them. Through CCC's housing, health, and employment assistance, Puentes clients have been able to achieve self-sufficiency and have been able to end the cycle of poverty and homelessness." *Cindy Ross, Puentes, Puentes Office Manager*

"Investing in healthcare and support services now will prevent long term effects that will be much more costly to remedy later. It is hard to balance all the competing needs, but undercutting the safety net will cause great harm for years to come." *Jack Keegan, Health Services, Manager, Telehealth Services*

"Agree with the above, especially considering the vulnerable population we serve. As a person of color, I understand the disparities other minorities face when accessing healthcare. High quality healthcare must be grounded in a unified, culturally diverse approach, which requires appropriate funding to obtain qualified professionals. My hope is by continuing to invest in our work, we will see better outcomes for some of the most disadvantaged Oregonians." *Carly Hernandez Kadell, OTRC, Psychiatric Mental Health Nurse Practitioner - ACT & ICM Teams*

"Oregon is famous for taking the lead when it comes to progressive solutions for society's problems, and every study performed has shown the fiscal wisdom of a proactive approach. Every dollar invested in treatment and housing saves many multiples in corrections and healthcare costs, in the very next budget cycle and all those to follow. Investing in social welfare programs provides immediate, tangible returns on multiple levels, returns that only grow exponentially, in both the short and long term. Balancing a budget with cuts to social welfare programs is a fool's errand that only costs everyone horribly more, also immediately, also on multiple levels, with said harms and budgetary costs also only growing exponentially with time. These are simple statements of easily demonstrable fact; please act accordingly." *Ian Austin, Golden West Hotel/STS Program, Assistant Case Manager*

"I am working with a client who is parent to one child and experiences mental health concerns. This individual struggles with tracking information and sustaining a job due to fluctuating severity in mental health symptoms. As a result, this client struggles with meeting their basic needs. I would like to see more funding distribution in the form of employer incentives and community-based support programs for individuals with moderate/severe mental health concerns trying to

earn their way out of poverty incomes.” *Maggie Podesta, Employment Access Center/Individual Placement and Support Program (Mental Health Employment Program), Employment Specialist*

“I’ve worked in the housing development field for over 25 years now, including a large time with market rate development, and I am continually impressed with the quality of the Central City Concern staff and team and the positive and varied work in the community it performs. We need agencies like CCC now more than ever, and I as a taxpayer would like to see more funds going to agencies such as ours and less to police unions protecting and unsuccessful approach to handling our society’s health and economic issues.” *Maura Lederer, Housing Development, Sr Project Manager*

“We have many Vulnerable people in Society today that need help, and are turned away do to lack of funding or because they are looked down upon. Central City Concern meets the needs of those who are in a crisis, and I am proud to be employed and a part of a team that cares.” *Gerald De Voe II, Central City Concern OTC/OTRC, Janitor II*

Thank you from all of us at Central City Concern, including:

Carly Hernandez Kadell Old Town Recovery Center Psychiatric Mental Health Nurse Practitioner - ACT & ICM Teams	Ryan Galle Hooper DSC Care Coordinator	Tracy Reed Old Town Clinic Certified Medical Assistant	Vernetta Holden OTRC/Mental Health Supervisor
Andrew Nelson Old Town Clinic/SUMMIT Health Coordinator	Ian Austin Golden West Hotel/STS Program Asst Case Mgr	Gabriel Luzader Kamprath Admin - Accounting Housing Accountant	Barber Baker Letty Owings Center Administrative Care Coordinator
Maggie Podesta Mental Health Employment Program Employment Specialist II	Taylor Scanlon Blackburn RCP Community Liaison	Patty Summers Sunrise Place/FAN Program FAN Program supervisor	Cindy Ross Puentes Puentes Office Manager
E.V. Armitage Administration Executive Coordinator	Meg Devoe Old Town Clinic Physician	Matthew Petrie IT/Admin Manager	Kyler Liu Employment Access Center Employment Specialist
Jack Keegan	Misti Miller	Maura Lederer	Jennifer Neary

Health Services Manager, Telehealth Services	Blackburn CCC QMHP CADC I	Housing Development Sr Project Manager	BEST Benefits and Entitlement Specialist Senior Team Lead
Jennifer Stein Housing Administrative Specialist	Cynthia Rouw CCC Front desk	Veronica Hill Administration Accountant	Charlotte Garner CCCRC Addictions Counselor
Kas Causeya BEST Program Manager	Arsalan Shah OTC Pharmacy Pharmacy Ops Manager	Amanda Stone On-Call Program - EAC Supervisor	Keri Burnidge Housing Office Facilities Manager
Sabrina Khuon Blackburn Center Health Assistant	Teiana Brown Public Affairs Public Affairs Specialist	Wayne Haddad Information Technology CIO	Eowyn Rieke Blackburn Services Director
Brianna Sustersic Old Town Clinic Senior Medical Director of Primary Care	Don Vidal BBIS Medical Coder	Jake Mendenhall Quality Management Quality Improvement Specialist	Emily McCadden Human Resources HR Specialist
Steph Hunter Blackburn Behavioral Health SUDS clinical manager/Mental health	Jonathan Lari Old Town Clinic Wellness Services Coordinator	Amy Lopez Old Town Clinic Summit Care Team Manager	Leslie Tallyn Quality Director of Quality
Victoria Lamy Recuperative Care Program Case manager	Allison Neighbor BEST Medicaid Outreach & Enrollment Specialist	Anthony Traver BCCM Clinical Supervisor	Clay Cooper Social Enterprises Senior Director
Kimberly Leathley Central City Concern Health Services Executive	Laura Recko Public Affairs Associate Director of Communications & Donor Relations	Ashley Gutchess BBIS A/R lead specialist	Robert Sanders Blackburn Center CRM/PSS, Community Associate
Miranda Tarrow Old Town Recovery Center Medical Records Clerk	Simon Klein Blackburn Center Care Team Manager	Pat Buckley Old Town Clinic Physician Assistant, Naturopathic Doctor	Roy Wheeler Old Town Recovery Center Peer Mental Health Counselor
Erika Tarjan Old Town Recovery Center	Lauren Land Old Town Clinic	Jessica Savara Recuperative Care Program	Julia Sirabella BBIS

MH & Addictions Case Manager, QMHP	Associate Medical Director of Primary Care	Program Manager	Insurance Specialist
Daniel Garcia Puentes Program Director of Latino Services	Doug Middlemiss BBIS Supervisor	Nastya Gallagher Blackburn Center Receptionist/COVID-19 screener	LaToya Berry Old Town Clinic Medical assistant
Teresa Dickinson Cambridge Court- FAN Supportive Housing Family Mentor	Brandon Deyo Old Town Clinic Complex Care Manager	Laurie Davis Old Town Recovery Center Mental Health Counselor	Mariam Admasu Office of Equity and Inclusion Associate Director of Equity and Inclusion
Naomi Camp Old Town Clinic Behavioral Health Coordinator	Linda Hudson Imani Center Director	Blaine Danley on/call on/call rss	Brandy Fishback Recuperative Care Program Case Manager
Anne Arthur Old Town Clinic Health Literacy & Education Program Manager	Keith Zimmerman On-Call Program - EAC On Call Staff	Miranda Rabuck Public Affairs Marketing Manager	Christianna Lomas Blackburn Community Associate
Natasha Nichols Martha Washington Community Building Assistant	Brennan Edwards Law Enforcement Assisted Diversion Case Manager II	Jared Gallegos Old Town Clinic Pharmacy Clinical Pharmacist	Katie Smith Old Town Recovery Center Mental Health Counselor
AJ Rohn Supportive Housing HMIS Data Quality Technician	Tracy Winn OTC and OTRC Psychiatric Medical Provider	Christopher Lewis Old Town Clinic Medical Assistant	Christina Schermerhorn Health Services Health Information Manager
Shannah Knaup Supportive Housing Associate Director of Permanent Supportive Housing	Amanda Young Billing & Business Information Systems Insurance Specialist	Lisa Bonner Brown Flip The Script RE-Entry Program Housing SPecialist	Katherine Stansbury Domestic Violence Offender Intervention and Addictions Counseling Certified Alcohol and Drug Counselor II
Tiffany Warner	Roni StJohn	Gerald De Voe II	Vy Pham

Housing Administration	BBIS	Central City Concern OTC/OTRC	Old Town Recovery Center
Housing Systems Assistant	Billing and Business Operations Manager	Janitor II	Intake Coordinator
David Lawrence Hooper Detoxification & Stabilization Center Associate Medical Director	Briana Stodola Old Town Recovery Center Project Manager	Emily Frey Administration Learning & Development Manager	Vivian Lackey EOP Worksystems and Veterans Grant Per Diem Program Manager



HOUSING ALLIANCE

July 27, 2020

Joint Ways & Means Subcommittee on Human Services
Oregon Legislature
900 Court Street NE
Salem, OR 97301

Dear Co-Chair Beyer, Co-Chair Nosse, and Members of the Committee:

I am writing to you on behalf of the Oregon Housing Alliance to thank you for holding housing programs harmless as you consider current budget cuts, and to ask that you continue to hold housing programs within the Human Services budget subcommittee harmless in order to prevent further housing instability during this pandemic.

The Oregon Housing Alliance is a coalition of ninety organizations from all parts of the state, including non-profit housing developers, residents of affordable housing, local jurisdictions, and organizations working to meet basic needs in every corner of our state. We believe that all Oregonians need a safe, stable, and affordable place to call home.

Housing stability is so critical during this pandemic.

With over 461,000 Oregonians and counting¹ having filed for unemployment, we know rent or mortgage payments are a primary concern for many households. Recent data from the Census, through the Pulse survey shows that twenty-percent of Oregon renters have no or only slight confidence in being able to pay next month's rent². 22% of Oregon renters indicate they've used credit cards over the last seven days to pay for basic necessities, and 33% report using savings or selling assets to pay for basic necessities.³

For people experiencing homelessness, they are experiencing extreme risk due to COVID. They are lacking a safe place to take shelter, and likely have underlying health conditions due to their homelessness.

In 2019, the Legislatively Adopted Budget for Oregon Health Authority included rent assistance resource that will continue to advance housing stability. Those rent assistance resources were intended to be paired with Article XI-Q General Obligation Bonds to build more permanent supportive housing.

¹ <https://www.oregonlive.com/business/2020/06/oregons-new-employment-department-chief-promises-better-results-clear-communication-even-if-it-takes-calling-in-the-national-guard.html>

² <https://www.census.gov/householdpulsedata>

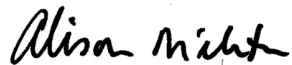
³ <https://www.census.gov/householdpulsedata>

Permanent supportive housing is a key strategy to end homelessness for people who may have underlying health conditions, addictions disorders, mental health illnesses, or other problems that create challenges to housing stability.

It is our understanding that this proposed cut will not impact any currently under development permanent supportive housing projects which are currently being constructed. We would urge the Subcommittee to ensure that these rental assistance resources, critical to these projects and to the people who will live in the units, are available as soon as they are needed. We also urge you to prioritize these resources for the 2021-23 budget. Permanent supportive housing has proven successful in ending homelessness and providing the needed supportive services for people who have experienced chronic homelessness.

Thank you very much for your time, and for your service to our state during these challenging times.

Sincerely,

A handwritten signature in black ink that reads "Alison McIntosh". The script is cursive and fluid.

Alison McIntosh
On Behalf of the Oregon Housing Alliance

Housing Alliance Members

1000 Friends of Oregon
211info
Aging in the Gorge
Benton Habitat for Humanity
Bienestar
Bradley Angle
BRIDGE Housing
Business for a Better Portland
CASA of Oregon
Chrisman Development
Central City Concern
Children First for Oregon
Church Women United of Lane County
City of Beaverton
City of Eugene
City of Forest Grove
City of Hillsboro
City of Portland
City of Tigard
Clackamas County
Coalition of Community Health Clinics
Coalition of Housing Advocates
College Housing Northwest
Community Action Partnership of Oregon
Community Action Team
Community Alliance of Tenants
Community Development Partners
Community Housing Fund
Community Partners for Affordable Housing
Community Vision
Cornerstone Community Housing
DevNW
Ecumenical Ministries of Oregon
Enhabit
Enterprise Community Partners
Fair Housing Council of Oregon
Farmworker Housing Development Corp.
FOOD for Lane County
Habitat for Humanity of Oregon
Habitat for Humanity Portland/Metro East
Hacienda CDC
Housing Authorities of Oregon
Housing Authority of Clackamas County
Housing Development Center
Housing Oregon
Human Solutions
Immigrant & Refugee Community Organization
Impact Northwest
Innovative Housing, Inc.
Interfaith Alliance on Poverty
JOIN
Lane County Health and Human Services
League of Oregon Cities
League of Women Voters of Oregon
Lincoln County
Looking Glass Community Services
Mainstream Housing Inc.
Metro
Mid-Columbia Housing Authority
NAYA Family Center
Neighborhood Partnerships
NeighborImpact
NeighborWorks Umpqua
Network for Oregon Affordable Housing
Northwest Housing Alternatives
Northwest Pilot Project
Oregon AFSCME Council 75
Oregon Coalition of Christian Voices
Oregon Center for Public Policy
Oregon Coalition on Housing & Homelessness
Oregon Council on Developmental Disabilities
Oregon Food Bank
Partners for a Hunger-Free Oregon
Portland Community Reinvestment Initiatives
Portland Homeless Family Solutions
Proud Ground
Raphael House
REACH CDC
Residents Organizing for Change (ROC) Oregon
Rogue Action Center
Rose CDC
St. Francis Shelter
St. Vincent de Paul of Lane County, Inc.
ShelterCare
Sisters Habitat for Humanity
Sponsors, Inc.
SquareOne Villages
Street Roots
Think Real Estate
Transition Projects
Washington County
Welcome Home Coalition



July 23, 2020

Co-Chairs Beyer and Nosse

Ways and Means Subcommittee on Human Services
900 Court St.
Salem, OR 97301

RE: Opposing Proposed Cuts to the Oregon Guardianship Program

Oregon Health & Science University
Hospital Administration

tel 503 494-6245
fax 503 346-8334

nesjo@ohsu.edu
www.ohsu.edu

Mail code: CR9-6
3181 S.W. Sam Jackson Park Rd.
Portland, OR 97239

Co-Chairs Beyer and Nosse, and Members of the Ways and Means Subcommittee on Human Services,

I am writing today to request the State of Oregon's public guardian program be held harmless in the current budget process. The public guardian program serves the most vulnerable of Oregonians – people who are not able to make their own decisions and have no one in their lives capable or willing to help them. The current public guardian program is woefully underfunded, meaning that a great many Oregonians are in situations that are unsafe and/or inadequate to provide for their needs. Decreasing funding to this vital program is definitely a move in the wrong direction.

An example of existing capacity challenges for the public guardian program involves hospital patients. The public guardian program has had to cease enrolling hospital patients who otherwise meet the public guardian program's guidelines. Many of these patients are suffering from advanced dementia. Hospitals are not designed like memory care locked units, which allow the patient to roam freely, so they languish in our facilities, while they wait for months to be accepted in to a public guardian program. This is not only bad for the patients, but prevents other very sick Oregonians from having access to an OHSU hospital bed they might desperately need.

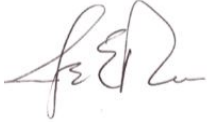
In the 12 months prior to July 1, 2020, OHSU had 9 vulnerable patients awaiting public guardians to represent them and to assist in finding a safe and appropriate memory care unit. These 9 patients were in our hospital for a collective 342 days, even though they did not need hospital services. OHSU currently has a patient waiting for admittance to the public guardian program, and the patient has been waiting more than 140 days.

While the numbers are compelling, the human impact is perhaps best understood with a real life example. A 72-year-old patient from southern Oregon was admitted to OHSU in February 2020 for management of profound heart disease, with complication from neurocognitive changes. His physician had concerns about self-neglect and an inability to care for his own basic needs, as well as possible financial exploitation by non-family members. This individual's hospital stay was exacerbated in part because his family clearly expressed a lack of interest or capability of helping provide any basic care or decision-making for him. Because OHSU was able to begin the process of applying for public guardianship and have this awarded, the patient was safely discharged to a community placement. OHSU has heard that he was doing well in his new placement and enjoying his time doing some community-based

volunteer work where he is staying. Without the public guardian's office assistance, this patient would have likely remained in the hospital indefinitely.

Thank you for considering our thoughts in your deliberations. While the public guardian program is not currently enrolling hospital patients due to their existing budget challenges, having them lose revenue is precisely the wrong trend for all vulnerable Oregonians.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Joe E. Ness', with a stylized, cursive script.

Joe E. Ness, MHA, RPh
Senior Vice President, Chief Operating Officer
Oregon Health & Science University



To: Joint Interim Ways and Means Committee on Ways and Means
Subcommittee on Human Services
From: Royce Bowlin, Oregon Alliance
Date: July 23, 2020

Dear Co-Chairs Beyer, Nosse and Members of Joint Interim Committee On Ways and Means Subcommittee On Human Services:

As Executive Director for the Oregon Alliance – Safe Kids, Healthy Families and Strong Communities, I'd like to thank you on behalf of our members for prioritizing many critical human services programs. We believe this is the right thing to do, both economically and morally.

The Oregon Alliance is a dedicated champion and established voice in advocating for the safety, health, and well-being of children, families, and their communities. We work together and with our community partners to help all children and youth live better lives and for families and communities to thrive in every corner of Oregon.

I urge you to invest some of the federal CARES dollars on community based service programs such as domestic violence, in-home based services, runaway and houseless youth, alcohol and drug treatment programs, mental health, housing, and self-sufficiency. I also urge you to immediately fund Intensive In-Home Behavioral Health Services, item 63, on the detailed Joint Ways and Means Co-Chair Rebalance Plan document.

We know:

- More than 1/3 of Americans have displayed clinical signs of anxiety, depression, or both since the coronavirus pandemic began.¹
- Children and adolescents are experiencing mental distress due to the disruptions of the closure of schools, activities, and maintaining social and physical distancing.²
- The long-term psychological consequences of collective traumas can last a decade or more.³
- There's been an increase of runaway and houseless youth across Oregon.

¹ <https://www.forbes.com/sites/nazbeheshti/2020/05/28/10-eye-opening-statistics-on-the-mental-health-impact-of-the-coronavirus-pandemic/#3e3003442df0>

² <https://www.psychologytoday.com/intl/blog/hope-resilience/202005/covid-19-mental-health-effects-children-and-adolescents>

³ <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/10/12/katrina-brain-the-invisible-long-term-toll-of-megastorms>



- Without substantial investment in programs serving houseless youth, Oregon will witness trends similar to those seen in past downturns such as 2008 Recession, when the number of houseless students rose 50% in the U.S. and 32% in Oregon.⁴

Annually, our member organizations touch the lives of over 100K children, youth and families across Oregon. A survey of our members found an overrepresentation of children of color in these programs, with over 90% living in poverty, and most are on some sort of assistance such as Medicaid. **These are Oregon's most vulnerable youth!**

Our members are also seeing and experiencing a growing need from the pandemic and the economic distress. Research has shown that preventing problems works, and saves money, especially with children and youth.

I want to thank you for not repeating the mistakes of 2005 and 2008 where Oregon made draconian cuts to many of the safety net programs for children, youth and families. Your ongoing dedication to children, youth and families is commendable.

Thank you,

Royce Bowlin

⁴ Lovell, P., Duffield, B. (2010). Creating jobs and supporting homeless students. First Focus Campaign for Children. <https://campaignforchildren.org/wp-content/uploads/sites/2/2010/01/CreatingJobs.pdf>. Oregon data calculated from 2006-07 school year data at <https://files.eric.ed.gov/fulltext/ED579156.pdf> and 2010-11 SY data at <https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/McKinney-Vento/Documents/homelessstudentsoregon-14-15.pdf>.

CILs AT THE FRONTLINES

People with disabilities are providing vital advocacy and services during the COVID-19 pandemic. Centers for Independent Living (CILs), run by and for people with disabilities, have rapidly adapted to this public health crisis by addressing urgent consumer needs in their communities, and offering resources and support to Oregonians who are most vulnerable. Any funding cuts to already underfunded centers limit their ability to serve their communities and help people with disabilities through this crisis.

PERFORMING ESSENTIAL COVID-RELATED WORK FOR PEOPLE WITH DISABILITIES IN OREGON

- ✓ **Benefits Counseling** – CIL staff provide one-on-one counseling to consumers who are adjusting to changes in work or living situations, helping them to navigate the system of federal and state supports that has become even more complex under COVID-19.
- ✓ **Peer Counseling** – Peers address mental health issues created by COVID-19, and check in with consumers to assess individual needs and provide critical outreach and support.
- ✓ **Independent Living Skills** – Peers help consumers adjust to the current environment while meeting new obstacles at home and in the community, such as obtaining food, medication and assistive technology under stay-at-home guidance and other restrictions.
- ✓ **Transition From Institutions** – CILs have been addressing the nursing home crisis by continuing their vital work to move people out of institutions and back into the community with their loved ones. The demand for this service is expected to increase exponentially given growing health and safety concerns in congregate facilities.

OREGON's network of CILs provides these critical Independent Living services to **more than 10,000 people with disabilities every year.**

Cuts to Funding will Severely Limit CILs' Ability to Meet the Challenges of COVID-19 for People with Disabilities in Oregon.



Association of Oregon Centers for Independent Living

CILs HAVE A PROVEN RECORD OF PROVIDING COMMUNITY-BASED ASSISTANCE ON ISSUES CENTRAL TO THE COVID-19 PANDEMIC

CILs are unique in that they are designed to adapt quickly to needs in the community. These are just a few examples of how CILs are responding to the urgent needs of consumers across the state:

Independent Living Resources (ILR), Portland

ILR has established an Independent Living Relief Fund to provide essential, life-saving resources to people with disabilities during this pandemic, and to reduce the effects of social isolation. Consumers may apply for funding for resources that maintain independence, such as technology to better access remote peer counseling, or essential supplies and services such as food, transportation, and PPE.

Lane Independent Living Alliance (LILA), Eugene

LILA is reaching out to consumers to provide social support, mental health counseling, food and housing resources, and to answer urgent questions about loss of employment or social security applications. LILA is also making necessary alterations to its office space in order to keep consumers and staff as safe as possible when services are able to be provided in-person once again.

Umpqua Valley disabilities Network (UVdN), Roseburg

UVdN is currently working with ODOT and the local transit system to allow for food delivery to those isolating or unable to obtain food supplies through regular means, due to the COVID crisis.

HASL, Grants Pass

HASL is offering consumers the opportunity to gain insights and strategies for better mental and emotional health by participating in its Healing Pathways program. Healing Pathways is an evidence-based program specifically designed for women experiencing physical disability and depression.

SPOKES Unlimited, Klamath Falls

SPOKES has chosen to implement multiple service platforms in order to continue delivering core IL services without interruption, to meet the individual needs of consumers while adhering to state and local regulations and ensuring the health and safety of SPOKES employees and those they serve.

Eastern Oregon Center for Independent Living (EOCIL), Ontario, Pendleton, and The Dalles

At EOCIL, staff have increased housing services during the pandemic, focusing on securing temporary housing for unsheltered individuals in their service area in order to reduce the spread of COVID 19. They have also transitioned into offering mental health counseling to small groups, remotely.



Association of Oregon Centers for Independent Living



Association of Oregon Centers for Independent Living

AOCIL

www.aocil.org

President

Barry Fox-Quamme (ILR)

Vice President

Sheila Thomas (LILA)

Secretary/Treasurer

Matt Droscher (UVdN)

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Member CILS

Abilitree

Bend

www.abilitree.org

EOCIL

Ontario

Pendleton

The Dalles

www.eocil.org

HASL

Grants Pass

www.haslonline.org

ILR

Portland Tri-County

www.ilr.org

LILA

Eugene

www.lilaoregon.org

SPOKES Unlimited

Klamath Falls

www.spokesunlimited.org

UVDN

Roseburg

www.uvdn.org

Senator Lee Beyer and Representative Rob Nosse, Co-Chairs

Joint Ways and Means Subcommittee on Human Services

Oregon State Legislature

Submitted Public Testimony

July 23, 2020

Good morning Co-Chair Beyer, Co-chair Nosse and Members of the Committee.

My name is Janet Allanach and I am the Executive Director of the Association of Oregon Centers for Independent Living.

Centers for Independent Living are community-based nonprofits that provide unique peer-delivered programs and services to people with disabilities to empower them to live in their communities, gain employment and achieve their goals for independence. Centers also provide critical support in helping people with disabilities access a complex system of federal and state resources, improving outcomes across the board.

There are over half a million people in our state who live with a disability. Due to a lack of sufficient funding, Centers for Independent Living are able to reach only a small percentage of these individuals. During this public health crisis, support from Centers has become even more critical, as many individuals with disabilities are confined to their homes, experiencing even greater challenges in accessing transportation, healthcare, groceries and other basic needs.

As you approach the 2021 session, we ask that you consider increasing state funding from the current level of less than \$200,000 per year for most Centers. Especially now, as Oregonians face the complex and dire consequences of this public health and related economic crisis, our citizens with disabilities across the state desperately need access to these programs and services that help them become and remain independent.

Thank you.

Sincerely,

Janet Allanach

Janet Allanach

AOCIL Executive Director



ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

For more information contact Cherryl Ramirez at 503-399-7201

AOCMHP Testimony on Tri-Chairs' Budget Reduction Plan

July 23, 2020

Dear Co-Chairs Beyer and Nosse and Members of Ways & Means Human Services Subcommittee:

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), representing the 32 Community Mental Health Programs (CMHPs) across the state designated to operate and manage the behavioral health system in their communities, I would like to express our concern with the disproportionate divestment in behavioral health as listed in the Tri-Chairs' Budget Reduction Plan. We realize you have difficult decisions to make, and the reduction recommendations by the state agencies were meant to cause the least harm, however, the sweeping of funding intended for community behavioral health comes at a time when the demand for behavioral health services and supports has never been greater.

CMHPs have responsibility for a wide array of services and supports, from population-based prevention initiatives and mental health promotion to acute and crisis care. CMHPs provide the behavioral health safety net for their communities, regardless of an individual's insurance status. Safety net functions include: 24/7 crisis response; cross-system coordination with Public Safety, Criminal Justice, Education, Child Welfare, and other systems; intensive services for people with complex and chronic mental health and substance use disorders; discharge planning and transitioning people from institutional care and incarceration to community-based care; pre-commitment and abuse investigations; and supported housing, employment and education.

State investment is critical to sustain these essential services and to prevent gaps in levels of care in the community mental health system. As you well know, the budget asks to fund more Aid & Assist community restoration, provide more safety net services and to continue our certified community behavioral health clinics (CCBHCs) were not passed when the short session came to an abrupt end. Immediately afterwards, we entered the new reality of COVID and the provision of nimble, low barrier services for our communities is our highest priority. I have observed dedicated, compassionate people, who are first responders and essential health care workers, buying or making their own PPE, and showing up in person to care for community members who are in crisis or will decompensate if they don't have human connection.

In order to stem the tide of this unprecedented pandemic, we must take seriously the emerging behavioral health tsunami by valuing our behavioral health workforce and investing in the community behavioral health system, not by reducing the budgets of an already underfunded system. Investments in the behavioral health system yield significant savings and improved outcomes in Education, Public Safety and Medical systems.

Please support your community behavioral health system.

Sincerely,

Cherryl L. Ramirez
Executive Director, AOCMHP

From:
To:
Subject: Appeal to maintain funding for IBHT
Date: Friday, July 24, 2020 12:22:38 PM

Hello,

I am writing in support of maintaining funding for the Intensive Behavioral Home Health services for children and adolescents. Being a practicing psychiatrist in Oregon, IBHT is critical in our system of care to help children and families maintain function in the community and avert the need for long boarding times in the emergency departments around the state waiting for access to inpatient services (which are limited). Programs like IBHT help fix our broken system of mental health, and without it, the system will continue to flounder.

Thanks for your consideration.

Sincerely,

Daniel Bristow, MD
Portland, OR



Co-Chairs Beyer and Nosse, and Members of the Committee,

The behavioral health system was underfunded, facing workforce shortages, and unable to scale capacity to meet demand before the Coronavirus ever hit Oregon. COVID-19 has exacerbated system instability and placed an extraordinary burden on Oregon's Behavioral Health continuum of care, including both substance use disorder and mental health.

Oregon entered the pandemic ranking among the bottom of states in access to behavioral healthcare and cannot afford further divestment or cuts during this crisis. Our system has routinely fallen short of achieving sustained population impacts and has been unable to robustly address the culturally specific needs of Black and Brown communities equitably across the state. Walking back any recent progress for the sector will decimate our ability to return to serving the pre-COVID need, let alone the dramatic increase in demand predicted due to the traumatic impacts of COVID-19. (see OCBH Sustainability Report June 20)

During and after a worldwide emergency, behavioral health crises linked to anxiety, depression, and relapse skyrocket. A system capable of responding to these crises is critical to individual and community recovery. (see Washington Health Department COVID Prediction)

We call on leadership to ensure access to essential lifesaving behavioral health services today. We cannot afford to place the onus of unmet BH need on sectors ill-equipped to do so such as public safety and our emergency departments. (see BH Sector Calls on Leadership to Prioritize and Fund Alternative Public Safety Measures)

WE ASK THAT LEADERSHIP:

1. Reinvest proposed OHA savings in behavioral health budgets back into services. Sweeping unspent dollars reverses legislative intent to move the behavioral health sector forward.
2. Utilize CARES Act resources to ensure behavioral health providers are reimbursed for eligible COVID-19 costs not otherwise reimbursable such as PPE, tele-behavioral health services, and outreach to high risk consumers. (see OCBH member COVID costs attached)
3. Leverage federal funds to ensure increased BH benefits for all Oregonians. In this unique time, investments which draw enhanced federal match should be sustained and spared from cuts.
4. Leverage payors of the BH system to support network adequacy and service preservation. (see emergency recommendation attached)

We've watched in the past as failure to invest in the behavioral health sector has led to the same result time and time again: increased costs to our hospitals, stress on child welfare system, and an inappropriate diversion of responsibility to our public safety system. Without this support, Oregon will remain ranked among the bottom of states and unable to deliver the behavioral health services needed now more than ever.

Heather Jefferis, MA
Executive Director, Oregon Council for Behavioral Health



ASSOCIATION OF OREGON
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BEHAVIORAL HEALTH SECTOR CALLS ON ELECTED LEADERSHIP TO PRIORITIZE AND FUND ALTERNATIVE PUBLIC SAFETY MEASURES

As our national, state, and local communities continue to reflect, plan, and act to root out systemic racism, the Oregon Council for Behavioral Health (OCBH) in partnership with the Association of Oregon Community Mental Health Programs (AOCMHP), the Tri-County Behavioral Health Provider Association (TCBHPA), and Oregon Recovers challenges Oregon's elected leaders to prioritize and fund alternative public safety measures focused on addressing addiction and mental health concerns.

Law enforcement officials face barriers when responding to individuals experiencing mental health and/or substance use induced crisis and current community resources struggle to adequately meet the need. We should have another option besides emergency rooms or jails for individuals in behavioral health crisis. This is critically important now, as known cycles of psychological responses to disasters predict between 26-40% of Oregonians will experience behavioral health symptoms over the next three to six months.¹

We also support efforts to improve the collection of race and ethnicity data which is critical to addressing the disproportionate rate of black, Indigenous, and people of color (BIPOC) seeking behavioral health services² as well as tackling the disparities in our correctional facilities.

Who enters our jails?

- In Oregon, over 59% of those in Department of Corrections Custody have some form of mental health need, and over 66% have SUD treatment needs.³
- Nationally, **three times** as many people are booked into jail who have active symptoms of serious mental illness, such as schizophrenia, major depression, and bipolar disorder when compared to the general public.⁴
- People in jail who have mental illness typically also have **high rates of substance abuse disorders** (up to 80 percent, according to some estimates⁵), are poor and/or homeless, and many have experienced sexual trauma and physical abuse.⁶
- Individuals with mental health diagnoses also have high rates of recidivism—**more than 70 percent in some jurisdictions**⁷

The intersection of behavioral health and the prison system

- In 2018, of the 16,069 adults booked into the Multnomah County Jail, a third (6,297) received behavioral health services through Medicaid.⁸

¹ https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19StatewideSummaryForecast_BH_ImpactsSUD_June.pdf

² <https://www.ihs.gov/newsroom/factsheets/behavioralhealth/>

³ <https://www.oregon.gov/doc/research-and-requests/pages/research-and-statistics.aspx>

⁴ Kessler, R.C. et al. (1999) as cited in Council of State Governments, 2002, Criminal Justice/Mental Health Consensus Project. Document No. 197103. June 2002.

⁵ Steadman, H.J. 2014. When Political Will Is Not Enough Jails, Communities, and Persons with Mental Health Disorders. White Paper 1, prepared for John D. & Catherine T. MacArthur Criminal Justice Reform Initiative: Reducing the Overuse and Misuse of Jails in America Initiative. Policy Research Associates, Inc. July 2014.

⁶ Ibid.

⁷ Council of State Governments. 2002. *Criminal Justice/Mental Health Consensus Project*. Document No. 197103. June 2002.

⁸ IMPACT Grant Summary Statistics: Medicaid and Justice System Overlap (Rep.). (2018). Health Share Bridge.



ASSOCIATION OF OREGON
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- Of this population, 12% (or 658 unique individuals), were booked into jail four or more times and received behavioral health services⁹
- 56 (of the 658 individuals) were booked 11 or more times.¹⁰
- The most common medical diagnoses for these individuals was substance abuse disorder (79%), followed by serious and persistent mental illness (54%). Overall, the data showed this population has a higher rate of visits to the emergency department, with avoidable and psychiatric emergency department visits increasing with each booking.¹¹

SOLUTIONS READY NOW

Prioritize funding the continuum of care before law enforcement intervention

Programs like mobile crisis, crisis resolution, crisis respite, sobering centers, detoxification and the continuum of addiction services can prevent law enforcement interactions with individuals facing SUD and mental illness, deescalate those encounters when they occur, and engage people in services which prevent future episodes. However, the funding for these programs has often fallen short.

Prioritize and fund on the ground engagement of vulnerable communities

Local programs such as [CAHOOTS](#) (Community Assistance Helping out on the Streets) have clearly demonstrated the success of crisis-intervention BEFORE law enforcement engages. Additionally, investments are critical in culturally specific treatment and recovery supports.

Enhance community based re-entry services

Fund and support multi-disciplinary, all-inclusive, collaborative, culturally-responsive, low-barrier, community-based re-entry services which address the housing, criminogenic, behavioral and physical health needs of the high utilizers of our Criminal Justice System.

Increase access to supported and supervised living arrangements

Intervening prior to police intervention **will not work** without adequate housing arrangements for those in crisis. In addition, many of the highest needs clients suffer from addiction disorders and developmental disorders preventing retention of counseling services. Without deep downstream supports, upstream supports are simply a waste of resources.

Please contact

Heather Jefferis, Executive Director OCBH

heather@ocbh.org

⁹ IMPACT Grant Summary Statistics: Medicaid and Justice System Overlap (Rep.). (2018). Health Share Bridge.

¹⁰ Ibid.

¹¹ Ibid.



Attn: Steve Allen, Director of Behavioral Health, Oregon Health Authority

OCBH has been supporting our membership and partners over the last few weeks of the emerging COVID-19 pandemic to ensure the continuation of essential lifesaving behavioral health services to our communities. Our primary goal has been to preserve hospital services for those in greatest need.

Throughout the crisis, we have been convening our members weekly in sector-specific meetings to share concerns, strategies, and information. Over the last three weeks, we have seen dramatic shifts in workflow, direct service delivery, and the development of work duties that are directly related to the crisis.

As you are aware, I am also a board member of National Council for Behavioral Health which has been an invaluable partner for us and its members nationwide. I mention this as some of the information included below was resourced from their forums created to help states collaborate in our efforts to stabilize services throughout the Coronavirus pandemic.

Thank you and your agency for your support of tele-behavioral health and the other policies you've expeditiously implemented to aid our work during this crisis. Your efforts are too numerous to list. We appreciate all you and your teams are doing to support Oregonians experiencing MH and SUD concerns. We know this is not only a crisis of physical health, but one of behavioral health as well.

Utilization Changes:

The vast majority of SUD and MH outpatient providers have moved to tele-behavioral health, except when face to face is required such as MAT. While the implementation has been swift and broad, attendance for outpatient services have dropped nearly 48% compared to face-to-face treatment. This is based on an average report from all sectors.

For congregate living SUD facilities (detox, residential, etc.) utilization has been reduced 30%-40% to comply with social distancing recommendations. The variance is related to the facility physical structure and provider ability to support distancing.

MH residential has seen a slightly smaller reduction as facilities generally have more square footage and less churn in population. (With more churn in SUD, providers can choose to leave a slot open upon the discharge of an individual to better comply with social distancing.)

Workforce Changes:

Reducing capacity to serve a lower census generates less revenue, adding fuel to a pre-existing workforce crisis. We cannot afford to lose staff, especially considering they may not return to the field. Oregon has ranked in the bottom 20 states for BH access for decades. Without expedient action we greatly fear the impact of the pandemic on our sector.

In order to safely operate our facilities in the wake of COVID-19 our staff have needed to exercise additional duties, duties which are not reimbursable. For example, providers

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We envision a society in which mental health and substance use conditions are recognized as health concerns for which a high-quality system of care is widely available.

have reported needing additional staff to monitor the hygiene practices of individuals and to perform vastly expanded facility cleaning duties.

Reduced revenues not only impact our largest expense (workforce), but also affect decisions around leasing facilities, and essential operations. This exacerbates a downward spiral and program instability. Reliable cashflow is imperative to ensure we have a functioning behavioral health system as we emerge from this crisis.

In typical times, replacing a single staff member can mean a loss of \$30,000 for an agency. In the wake of COVID-19, providers fear not only the loss of staff, but the loss of facilities, presenting a potentially insurmountable challenge to stay afloat.

Swift action to stabilize reimbursement over this emergency period will help preserve our limited access and keep providers online during this crisis. Our goal is to maintain our continuum of care to allow for network adequacy in a post-COVID-19 world.

Recommendation:

Several states are enacting a variety of stabilization measures for behavioral health services. While some have focused on implementing unique codes and new services, we believe the best approach is to reduce complexity and administrative burden while providing financial stability.

We recommend OHA shift payment methodology from FFS to a fixed monthly payment rate.

In this model OHA would review a provider's last 12 months of billing to determine the average monthly reimbursement and provide this fixed monthly rate, regardless of utilization, for the remaining months of the crisis. This ensures the provider a guaranteed revenue stream to maintain capacity and deliver services as utilization fluctuates. Providers must continue to submit "encounter claims" to the state and CCOs to document services delivered to enrollees, to maintain their essential billing infrastructure, and to ensure data collection during the emergency action period. This data provides useful feedback in determining when fixed-monthly rates should be lifted as typical utilization returns.

It is important to note that implementing this recommendation will be most challenging for congregate SUD services as providers often serve all 15 CCOs and may need a different methodology to provide stability through this emergency period. We look forward to collaborating on strategies to provide stability to this unique sector.

We know from research that MH and SUD concerns generally spike three to six months after and traumatic incident. Our sector must be ready to roll up our sleeves in the months following the COVID-19 surge.

Sincerely,
Heather Jefferis, MA
Executive Director, Oregon Council for Behavioral Health

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Oregon Council for Behavioral Health Sustainability Survey Results

The OCBH survey was collected the 3rd and 4th week of June 2020, providing a brief snapshot of our membership's statewide continuum of care during the midst of the Covid-19 emergency. The bulk of the questionnaire was focused on sustainability of access, workforce, and programs, each component being intimately tied yet with different impacted variables.

It is of importance to note when considering the survey results, that Oregon entered the Covid-19 emergency with a fragile BH system and great need. Our sector was already amid a workforce crisis and striving to address longstanding insufficiencies for racially diverse, culturally responsive, and specific provider and consumer resources. For over 20 years Oregon has continuously ranked in the bottom quarter of states in our SUD and MH access based on a variety of reports, while also ranking in the top quarter for systemic need. If we continue our historic decisions regarding resources and patterns for the sector, we will not create new outcomes.

Now as the need for BH services is projected to be on the rise nationwide. OCBH urgently advocates to develop both short- and long-term strategies to preserve capacity and investment. We implore leadership and payors to work collaboratively with providers and communities to continue the progress that has been hard fought over the last decade. And utilize this unique moment in time to make positive change for Behavioral Health in Oregon. Attached is a report out of the state of Washington noting the increased need and impact posed by Covid-19, at the time of this survey OCBH has been unable to locate such a report for Oregon. OCBH would highly recommend such an analysis and support infrastructure maturation that would support Oregon's timely and robust ability to deliver data and recommendations.

COVID-19 impact

The rapid and sudden change in consumer engagement due to Covid-19 placed significant financial burdens on a longstanding fragile statewide Behavioral Health (substance use disorder and mental health) system infrastructure. Though the BH system is often thought of by payors as regional, many components of the system are truly statewide. The majority of OCBH members hold contracts with multiple CCO's, commercial insurance plans and government contracts. These multiple funding streams ensure revenue diversification for providers and support consumer access to BH care not always locally available.

One of the items of note in the survey is that it appears the various limited Covid 19 provider relief resources have provided a short-term avoidance of system wide negative impacts for Oregon. On average across the membership about the relief options available to date have enabled providers to avoid drastic negative impacts in both workforce and program reductions. These time limited and capitated relief vehicles have delayed difficult decisions and helped providers remain closer to whole in their operations in the first 4 months of emergency in Oregon. Depending on access and eligibility to current relief funding vehicles OCBH members

report that sometime between July and October; program layoffs, reductions and closures will ensue as relief funds are exhausted.

Thus, the need for new funding mechanisms or continued relief funds are urgent to preserve and sustain access for Oregonians in their time of need. Timeliness is imperative, both today and to prepare for expected population need of services in the next 18-month period.

Future Budget Horizon

The survey also gives insight into the impacts of future budget reduction in 2021. As private and nonprofit providers our members are already developing budgets and case scenarios for 2021. Without provider relief, new payment approaches and priority funding the statewide BH system of non-profit and private providers will not be able to financially maintain pre-Covid-19 or current service access in either a continued Covid 19 emergency or budget reduction scenario.

If any future reductions are applied to the sector in a fashion like our most recent budget crises of 2010-11 and 2002-3 the impacts will be significant and amplified by this history. Today our BH system has been forged through the history of absorbed broad cuts who's impacts on both the system's capacity, Oregonians access and health, workforce and pressures on partner systems such as child welfare, schools, law enforcement and emergency services have lasted decades.

The BH system revenue streams, unlike many other forms of health care, run on a flat to negative cost to operations ratio this has left organizations for years with limited reserves or ability to expand capacity without facing unsurmountable shortfalls. This becomes more pressing in crisis as we see today with system having limited strength to meet the projected long-term need of this unprecedented emergency.

As the world prepares for an unknown period of Health Care emergency, our membership would recommend Oregon take time to create a new approach to budget reductions for the BH sector to ensure a capacity that avoids misplaced burdens on other state systems and individual Oregonians.

Please see attached recommendations.

OCBH CALLS ON ELECTED LEADERSHIP TO PRIORITIZE AND FUND ALTERNATIVE PUBLIC SAFETY MEASURES

OCBH Outreach and recommendation document

OCBH Emergency Recommendations

Survey and results

OCBH members were asked to respond to the following questions to ascertain the sustainability and financial resilience of our statewide continuum.

OCBH members pre COVID-19 employed over 8,000 essential Oregon Healthcare workers and served tens of thousands of Oregonians on the journey to healthier lives. The following questions were asked of the membership.

- How long could you maintain full operations using your current reserves?
- Have you had to lay off/furlough employees?
- If so, what percent of your workforce to date?
- When will you need to enact first or next round of layoffs?
- Have you had to reduce access/close programming, why?
- If so, what percent of your programming?
- Are you facing a full or partial closure (aka shut down of select programs) if billable utilization levels or relief payments do not change the scenario? Please report compounding issues
- When do you project the above occurring? Timeline and percent of capacity?
- Did you receive PPP?
- How did your PPP loan impact your operations? (postponed layoffs? Kept program open, avoided using reserves etc....)
- How long did PPP allow you to avoid negative actions of layoff, reductions and or closures?
- What did other one time or limited duration relief funds support? (CCO payment, Medicare or Medicaid 2 % payment?)

The responses to this brief set of questions from the membership created a snapshot of supports, activities and threats for our Statewide continuum. OCBH hopes this information supports advocacy and action to approach sustaining the BH sector in a new way, preserving access to critical lifesaving BH services. For ease of understanding we have interpreted through a SWOT lens.

Survey SWOT

Strengths: Membership is agile, lifted telehealth to actionable levels within 3 weeks of emergency. The non-profit and private sector and workforce are agile as shown by the 3-week pivot from nominal telehealth to 70 to 100% telehealth outpatient conversion across the membership. Hopeful and willing; the sector is willing and able to take risks to serve consumers and provide essential life-saving services to communities. Creative; internal operations of provider agencies are creative, and solution focused. Compared to other health, legal and child welfare systems, community based BH services even at fully loaded cost are low cost effective and responsive.

Weaknesses: Historical challenges to sustainability and workforce. Limited access, and inconsistent access statewide. There are numerous reports and studies in Oregon and

nationwide documenting historical weaknesses of the BH system in access, funding, and workforce. We will reserve to reiterate here for brevity. For recent Oregon meta-analysis OCBH recommends both the recent CJC report on the BH system and the ADPC recommendations and report.

Opportunities: Rethinking support for BH system during a Health Care Crisis that is projected to increase population need for BH services. Continue maturation of Tele-Behavioral health. Flexible payment systems that are responsive in an emergency state with an unknown trajectory and long term impacts.

Threats: Significant changes in delivery during the emergency, current funding system tied to previous delivery models, pending budget reductions, limited reserves to allow time for innovation, complex relief opportunities that are inconsistently available, distributed, constrained and time limited.

“A Cascade of threats, new costs and supports of provider relief to sustain access, programs and essential workforce.”

The survey results made evident that three stages or impact threat areas are present when considering sustainability from the emergency and pending budget reductions. These impacts are interwoven and apply compounding pressures to the system. Herein will discuss them as cascading factors. We will not call out historical system factors addressed on the earlier pages of the report but do remind the reader that this underpins the following findings.

- 1st cascade Covid-19 social distancing reductions
- 2nd cascade financial gaps due to Covid-19 and social distancing
- 3rd cascade upcoming budget reductions

Top identified costs

Lifting telehealth

COVID-19 hygiene

Policy and procedure and other admin costs , audits, compliance etc.

Consultant costs (legal, HR etc related to COVID regulations)

PPE

Lost revenue due to dramatic shifts in delivery and stay at home safely

Employee training and support infrastructures

Identified provider relief

Telehealth pay equity

PPP

CCO early released incentive funds

US HHS Medicaid/care pending

OHA CARE funds to CMHP's and MH res. pending

Survey question results

1. How long could you maintain full operations using just your current reserves (assuming no outside revenue, aid and current utilization, do not include downward service adjustment aka layoff or closure)?

- 42% reported 60 days **or less** of full operational reserves.
- 20% reported 90 days of full operational reserves.
- 19% reported 180 days (6 months) of full operational reserves.
- 19% reported approximately 12 months of full operational reserves

2. Have you had to lay off employees?

- Yes 35% enacted layoffs in the first two months of the emergency.
- No 65% no layoff reported.

3. If so, what percent of your workforce to date?

Of yes respondents:

- Half reported less than 2% of workforce
- Half reported a range 10-20% of workforce

4. When will you enact first or next round of layoffs?

- 20% 30 days
- 20% 60 days
- 20% 120-180 days
- 40% unsure, unable to predict at this time.

5. Have you had to reduce access/close programming (responses could be due to revenue and or covid census issues)?

- Yes 67%
- No 33%

6. If so, what percent of your programming?

Based on member report we have aggregated data by reported trends to improve clarity.

- As a statewide delivery setting adult outpatient for both SUD and MH is down by 50-60% reduction across the group. Individual responses ranged more widely between 30% and 72%.
- As a statewide delivery setting Residential SUD settings 20-35% to comply with social distancing
- Except for youth SUD which for the small number of statewide Medicaid beds (under 100 operational, not licensed) Disruptions to referral streams appear to be have a steep impact and are highly vulnerable today as they were pre-COVID.
- MH residential reports little to no reduction in capacity, but an increase in referrals and a slight slowing of moving residents to different levels of care. This is not significantly different from pre-covid longstanding system capacity and access issues. Primary issues for this sector relate to keeping residents safe from covid 19, PPE, and the cost burden of safety operations for COVID 19. Also stress to workforce due to Covid and increased pressures of waitlists and system capacity.

7. What percent of your overall program has been impacted?

- 44% of respondents report 10% or less
- 24% of respondents report 20%
- 8% of respondents report 35%
- 24% of respondents report N/A

It appears from data that programs with larger numbers of SUD programing tend to be impacted at a higher percent. This result likely is due to historic factors that weaken the SUD sector and COVID-19 impacts.

8. Are you facing a full or program specific closures if billable service levels or relief payments do not change the scenario? Please report compounding issues.

- Yes 70%
- No 20%
- Blank 10%
 - Compounding factors narrative; Reportable trending reflects significant sustainability concerns within the SUD sector and child, youth and family services. The larger part of this questions report was highly individual related to how agencies with a multiple program structure braid resources to sustain operations therefore causing complexities that are less predictable related to sustainability as programs begin to unravel.

9. Programs most at risk for closure in the future?

- Adult SUD and MH Outpatient services and associated peer services
- Youth residential and outpatient highly at risk
- SUD residential
- Budget reductions are not factored into these answers
- Contracted specialty programs depending on budget

10. Timeline for reduction/closures of high-risk programs due to COVID 19 concerns or related financial sustainability.

- This was a complicated question for members. As demonstrated by response to the question.
- 49% of respondents did not respond
- The remaining 51% responded within 4 to 6 months without relief closures would need to ensue to preserve other programs. Or if a smaller organization would lead to a Board scope of service question.

11. How did your PPP loan impact your operations?

- All eligible members reported (OCBH has some members who due to there size were not eligible, creating a layer of vulnerability for larger programs who provide a significant amount of service to communities)
- Supported keeping services and workforce whole during the emergency.
- Preserved reserves for future use and pending budget reduction planning
- Supported COVID PPE, telehealth lift ect.

12. How long did/will PPP support sustainability?

- 35% NA or no answer
- 25% one month
- 15% two months
- 25% four to six months

13. What did other provider relief funds support or projected to support?

In this question consistent statewide system trends are limited, this is due to many funding vehicles being regional or local in distribution.

PPP loans

This resource did have a statewide impact. It was pivotal for providers under 500 employees. It proved to be extremely important to preserve service access and workforce. For those over 500 the inability to apply was a significant missed opportunity to shore sustainability.

CCO supports

Early release of budgeted CCO incentive funds. Impact was highly variable there is no significant reportable impact to statewide BH system, one expetion is HSO in the Portland Metro.

Across the state the reported CCO provider relief efforts have been highly variable and when provided have been predominantly in the form of early release of anticipated incentive funds generally distributed and budgeted for in the fall. If funds where received by a provider, it did

help with emergency cash flow and lifting of COVID related service changes in the first months of the emergency. But also have created a budgeted shortage in the fall.

As mentioned one regional exception as a reportable support with significant impact is the HSO monthly lump sum payment to providers based on historical pre-COVID billing (at the time of this report these payments have been slated to end June 30th). These payments supported keeping BH services whole for the months provided, in the metro region. This strategy supported HSO consumer access and network workforce preservation. This funding vehicle was particularly important for large organizations not eligible for PPP.

Telehealth payment equity

Statewide and critical impact as a piece of braided funding. Telehealth alone will not preserve pre-COVID system access. Tele-health is imperative during Covid-19, but overall utilization across the system is roughly 50-60% of pre-COVID service levels.

OHA CARES budget

Unsure and not to date of this report as payments will be allotted to CMHPS and MH residential.

US HHS provider relief

There has been significant roll out issues with this federal CARES funding. To date no member reports receiving a 2% relief payment based on their reported Medicaid equation.

A handful of providers have received 2% of Medicare payment, without notice, as a direct deposit. As Medicare is not a primary payor to the BH sector these payments are reported to have ranged from \$2,000 to \$6,000.00 per member. Less than 4% of OCBH members are eligible for this Medicare payment and some who are eligible have received nothing to date.

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

SUMMARY

Purpose

This document provides a brief overview of the potential statewide, behavioral health impacts from COVID-19. The intent of this document is to communicate the potential impacts of the outbreak to response planners and behavioral health organizations, public and private, so they can adequately prepare.

Bottom Line Up Front

- The COVID-19 pandemic is considered a 'natural disaster' and as such, this document is heavily informed by research on disaster recovery and response.
- The behavioral health impacts from the COVID-19 outbreak and related government actions have to-date caused a surge in behavioral health symptoms across the state, which is a trend likely to continue. This surge will present differently based on the stage of the pandemic, the effectiveness of the overall response effort, and the populations being impacted. A second or third pandemic wave will dramatically change this forecast, as outlined in the scenarios that follow. This forecast will be updated monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases, peaking around 6-9 months post initial-outbreak.^{1,2} This will likely coincide with a potential second wave of infections, in a pattern consistent with previous pandemics.

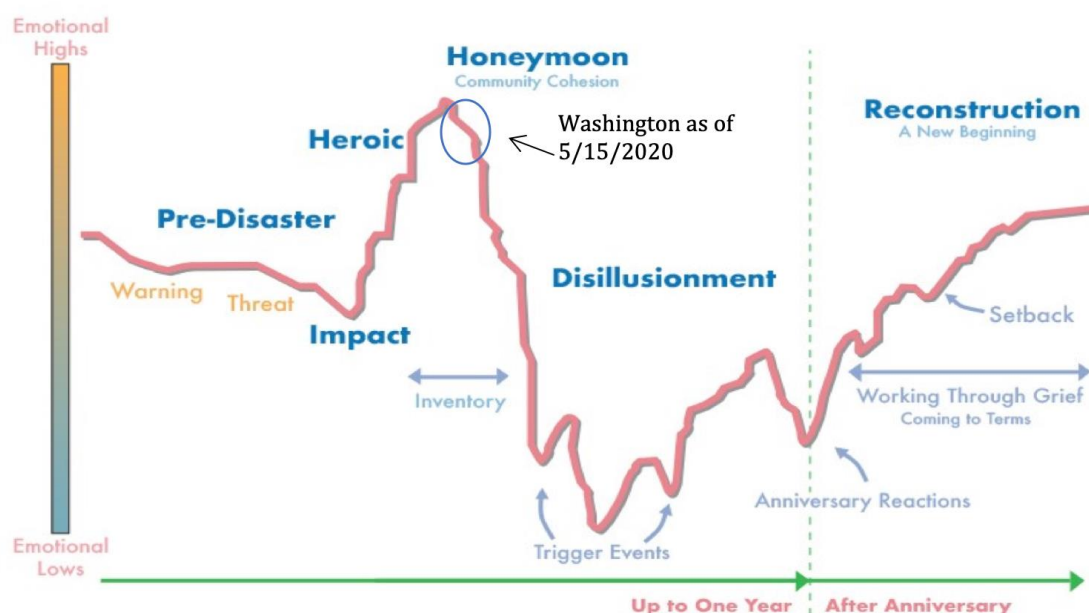
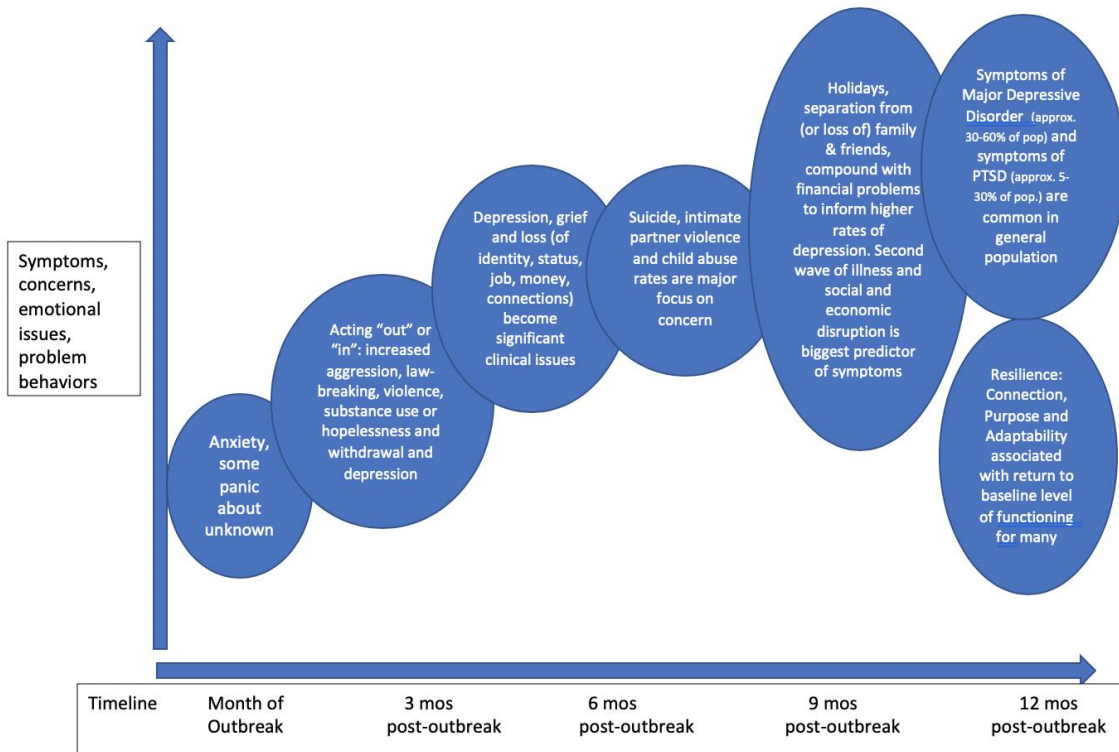


Figure 1. Reactions and Behavioral Symptoms in Disasters: SAMHSA

<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

Initial Forecast of Behavioral Health Symptoms (Without Additional Waves)



NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic

Figure 2.

- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder exacerbates mental health challenges at that time of year due to increased hours of darkness and inclement weather, as does the occurrence of winter holidays, which are often an emotionally and financially difficult time of year for many people.
- Outreach and support strategies need to be tailored based on the current phase of the incident and the target population. Resources exist to inform outreach and support strategies. Additional resources to support these efforts are currently under development.
- Efforts should focus on activating/augmenting existing community supports to increase social connections, which reduces behavioral health symptoms, and encouraging active coping skills among target audiences.
- An eventual return to baseline levels of functioning for many people should occur around 12-14 months post-initial outbreak, ***assuming that the potential second wave of the pandemic is stabilized by that time, in terms of both social and economic disruptions, and a sense of the “new normal” is underway.***

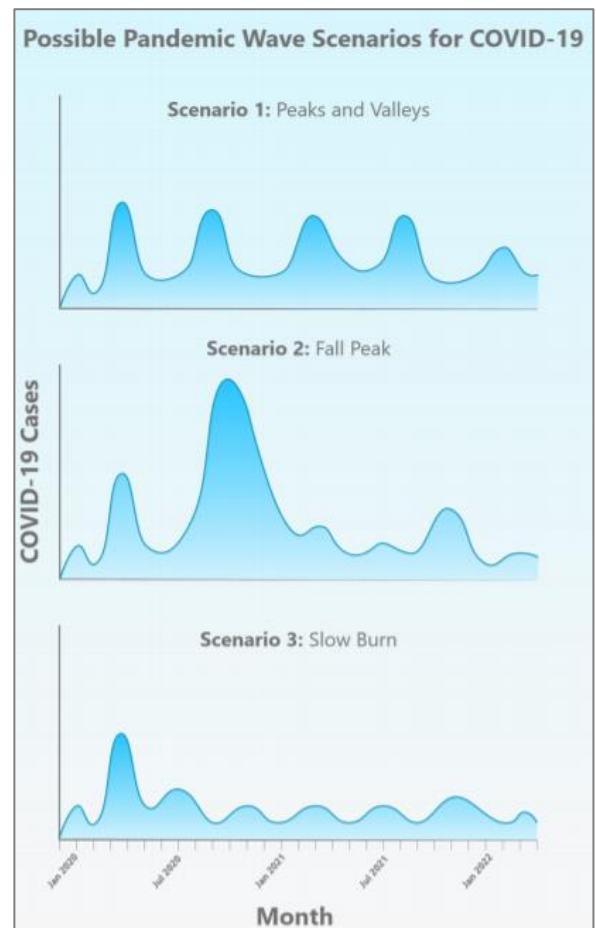
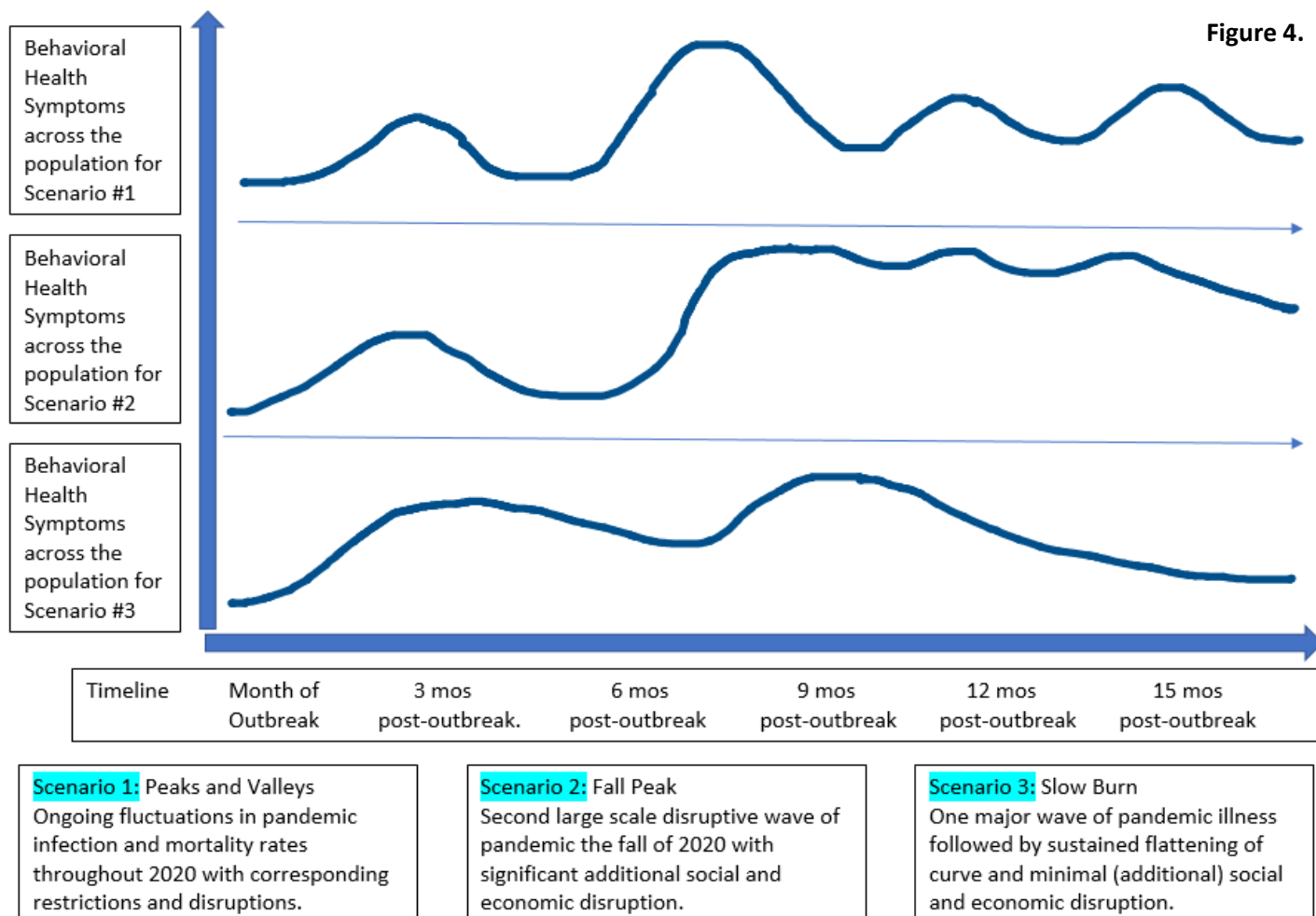


Figure 3.

- There are three different scenarios for the future of the COVID-19 pandemic as we move into summer and fall, some of which are consistent with what occurred during past influenza pandemics (see Figure 3).³ The behavioral health symptom projections that follow are based on the different scenarios and their corresponding behavioral health impacts.

Forecasted Behavioral Health Symptoms, Based on COVID-19 Wave Scenarios



Key Things to Know

What sort of impacts are we expecting?

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID19 outbreak.
- Approximately 700,000 Washingtonians have mental health concerns, but were NOT receiving services prior to the outbreak.
- Approximately 10% to 33% of individuals experience symptoms of acute stress (such as negative thoughts, sadness, intrusive dreams or memories, avoidance, insomnia or hypersomnia, headaches & stomach aches) within one month after the impact phase of a disaster or critical incident. In Washington, for the Puget Sound area specifically, that timeline begins mid-March 2020.^{4,5,6}
- While Only 4% to 6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), *this number can vary quite a bit depending on the type of disaster*, and is often higher amongst first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely.^{5,6,6}

- Rates of PTSD have been much higher (10-35%) in some places more directly impacted by a critical incident (NYC on 9/11).⁷ We are anticipating that although rates of PTSD may not reach such critical levels in Washington State, **rates of depression are likely to be much higher (perhaps 30-60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington State⁷) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.** This is a much higher rate than is typical after a 'natural disaster' where there is a single impact point in time.
- A significant number of COVID-19 positive individuals require critical care, a trend consistent across China (7-26% of cases), Italy (5-12%), and the United States (5-12%).⁸ Of those individual receiving critical care, up to 75% also require mechanical ventilation.^{9,10} Current literature reports the prevalence rate of PTSD in patients post-mechanical ventilation is 10% to 30%.^{11,12,13}
- For Washington State, where mortality rates are so strongly related to nursing homes, and the vast majority of people in the general population have not been directly threatened by the illness itself, behavioral health concerns are much more anchored in changes in lifestyle, fears about the unknown, financial worries, loss of income or livelihood, and loss of connection with others.
- **Impact of Unemployment:** Suicide rates are highly influenced by unemployment rates.^{14,15,16} For every percentage point increase in unemployment rates (i.e., 1%), there is a 1.6% increase in suicide rates.¹⁵ In Washington, approximately 1,283 people die from suicide annually. If unemployment rates increase by 5% (rates similar to the Great Recession in the late 2000's), that means we will see approximately 103 additional people die by suicide.¹⁶ If unemployment increases by 20% (rates similar to the Great Depression in the 1930's), that's approximately 412 additional people who will die by suicide in Washington.
- **Approximately half of the individuals who experience a behavioral health diagnosis will develop a substance-related disorder, and vice versa.**¹⁷
 - As a result, we can expect substance-related symptoms and disorders to increase as behavioral health symptoms and disorders increase.
- During disasters, individuals may have difficulty accessing their prescribed medication, which could lead them to seek alternatives. Relatedly, quarantine policies mean that peer support groups for both substance-related disorders and behavioral health disorders are inaccessible via traditional means.
 - Healthcare providers should anticipate an increase in substance-use as a possible disaster reaction, and should suggest both healthy alternatives for coping, and sources of support.
- Based on population data for Washington, and known cycles of common psychological responses to disasters, **we can reasonably expect that between TWO to THREE MILLION Washingtonians will experience behavioral health symptoms over the next three to six months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.

What does this look like over time?

- **Behavioral health symptoms will likely present in phases:**^{1,2}
 - We can reasonably expect that behavioral health symptoms including anxiety, trouble sleeping, stomach aches, and headaches will be consistent in the general population in the summer months of 2020.
 - Behavioral symptoms associated with "acting out" (aggression, law breaking, significantly increased domestic child abuse, intimate partner violence, and substance use) or "acting in" (voluntary isolation, non-participation, blunted emotional expression) are likely to increase from three to six months post-outbreak. Weekly surveys of state law enforcement agencies indicate that domestic violence offenses were up 17%, while other select offenses were down

25% (see Figure 5).^{*18} However, these data only represent approximately 29% of law enforcement agencies and, based on data from previous disasters, it is likely that – even among reporting agencies – the true number of domestic violence cases is significantly higher.

- Depression rates and symptoms, along with suicides, are increasing dramatically at the current time with the potential of peaking in the fall and winter of 2020. For the general

population, this is due to a particularly hard combination of:

- The Disillusionment phase of disaster recovery (when people recognize that things will not be returning to the way they once were)
- The season (holidays as well as limited daily sunlight)
- Long term effects of financial losses or concerns on sense of hope
- A second wave of illness resulting in large-scale social and economic disruption
- An eventual return to premorbid baseline levels of functioning by February or March 2021 is anticipated for many people, depending on the level of disruption caused by the potential for a second wave of illness in the fall of 2020 or winter of 2021.^{1,2}
- In scenarios where multiple waves of pandemic occur (see scenarios 1 and 2 above), a “Trauma Cascade” is likely. For behavioral health, this means that the recurrence of a traumatic event (in this case, a second or third wave of significant illness and/or restriction) inhibits the natural ability of people to recover to baseline levels of functioning. Symptoms increase and are compounded rather than having an opportunity to be actively managed.

Domestic violence and other select offenses*,
April 6 - May 3 (2020 vs. 2019)

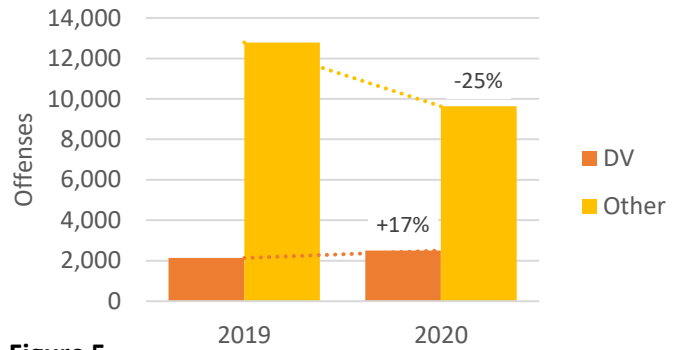


Figure 5.

How do we begin preparing?

- Behavioral health systems, providers, and public messaging teams should be mindful of the following strategies to maximize the impact of their efforts:
 - Primary efforts for the next 3-6 months should be focused on activating community supports to increase social connections (and thus reducing behavioral health symptoms) and encouraging the development of ACTIVE coping skills amongst the general public to reduce symptoms of depression.
 - Communication about preparation necessary for multiple phases or waves of pandemic (the potential for additional school closures, social distancing measures, and restrictions in the fall) will help to reduce acute behavioral health symptoms for people when a second wave of illness occurs.
 - There should be a psychoeducational emphasis on the disaster response cycle so that people are informed about what they may expect, and they do not pathologize a normal response to an abnormal situation.
- The typical response to disaster is RESILIENCE, rather than disorder.^{1,4} Resiliency can be increased by:¹⁹

*The number of law enforcement agencies submitting offense counts varies from week to week: April 6-12 (n=84), April 13-19 (n=80), April 20-26 (n=78), April 27-May 3 (n=80); among the 85 agencies that submitted counts for at least one week, 74 agencies submitted counts for all four weeks. In addition to counts of domestic violence, law enforcement agencies were only asked to submit counts of the following (select) offenses: Murder, assault, robbery, burglary, theft, destruction of property, weapons offenses, and animal cruelty.

- Focus on developing social CONNECTIONS big or small
- Reorienting and developing a sense of PURPOSE
- Becoming adaptive and psychologically FLEXIBLE
- Focusing on HOPE
- Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups.
- Community support groups, lay volunteers, law enforcement, first responders, and all manner of social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population, and should be leveraged to take pressure off depleted or unavailable professional medical and therapeutic resources throughout 2020.

Background Data and Analysis

Mental Illness, Behavioral Health Diagnoses, and Demographics

National prevalence rates for mental and behavioral health diagnoses^{20,21}

Generalized Anxiety Disorder = approximately 1% of adolescents, 2.9% adults (6.06 million nationally)

Panic Attacks = 11.2% of adults (23.40 million)

Panic Disorder = approximately 2-3% of adolescents and adults (4.18 million)

Mood Disorders = approximately 9.7% of adults²¹ (20.27 million)

Depression = 12.7% in WA, 41.1% of whom received mental health services²²

Annual suicide rates = approximately 17 per 100,000²³

Post-Traumatic Stress Disorder: 3.5% of adults nationally²⁰

Substance-Related Disorder prevalence

National prevalence rates for substance-related disorders^{20,21,24}

Alcohol Use Disorder = approximately 4.6% of adolescents, 8.5% of adults

Cannabis Use Disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults

Opioid Use Disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Population of WA: Approx. 7.5488 Million

Percentages with baseline Serious Mental Illness (2017 most recent):

Adults 18 and over = 5.3%²² (or 400,044 people)

Young adults from 18-25 = 6.2%²² (or 29,014)

Percentage of adults 18 and over with ANY mental illness who received treatment in Washington (2017 most recent) = 45.6% (approximately 650,000 people or 8% of the total population of WA)²²

Developed by Washington State Department of Health's Behavioral Health Strike Team, authored by: Kira Mauseth, Ph.D.; Stacy Cecchet, Ph.D., ABPP., Matt Brickell, Psy.D, and Tona McGuire, Ph.D.

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From:
To: [Rep Nosse](#); [Sen Beyer](#); [Sen Gelser](#); [Sen Hansell](#); [Rep Hayden](#); [Rep Salinas](#); [Rep Schouten](#); [Rep Stark](#); [JWMHS Exhibits](#); [Sen Johnson](#); [Sen Steiner](#) [Hayward](#); [Rep Rayfield](#)
Cc: OregonDDC@gmail.com
Subject: Budget Cuts
Date: Friday, July 24, 2020 3:57:45 PM

To whom it may concern:

I do not know if I am too late to send this for this meeting, but I would like to make my voice be known anyway. I am a mother of a 5 year old autistic boy who receives services through DDS. I understand that there are critical moments going on in the world today, and therefore all areas and solutions need to be explored. Before, I jump too deep into your world, I would like to invite you into mine.

My daily routine.

Wake up for work 6:00 am - try not to make any noise, as if my son wakes up before I leave he will have transitioning issues and I will be late for work for the 20th time this year. I will have to explain to my boss why, and although they know and care, it doesn't diminish the fact that they are a business and when I am not there work suffers.

I work from 7:00 AM - 2:00 PM - I tried full time but between my two children one on the spectrum and my foster daughter who is being tested to be on the spectrum. I cannot stay late - as they both map out their day and rely heavily on routine. So if I am not home by 2:20 they know and start to have emotional issues. During work, I have to keep my phone near and keep an eye on it because at any moment I could get a call from the school, or the sitters. Mostly because there is an emotional issue, but these issues have even gone so far as my children gone missing - wandering of having an episode. My Boss knows and thankfully tolerates that I may have to leave at any given moment.

When I come home - I kiss my husband goodbye, because with two special needs kids we have to work opposite shifts. So I only see him 5 minutes throughout the week, and then on weekends.

Then I spend the first 45 minutes listening to my kids and getting the rest of their day set up. I follow a carefully routine schedule to try to avoid melt downs, fights, self harm, and spend most of my energy keeping my children calm

.

I go to bed and wake up and do it all over again.

This is a good day.... a bad day, well it is spent trying to direct, redirect, calm and recalm a child who is overstimulated (Like you have given a child a lot of chocolate and they are coming down off the sugar high ... too wired and yet to tire to listen and just want to feel better).

It is difficult for my husband. I cannot go on dates, as we cannot find sitters for our children that have the skills to manage them.

We miss a lot of work, so budgeting is difficult and paying bills is difficult.

I go to multiple appointments a week and have use all of my vacation and sick days, to deal with my children's upsets.

However,

My son was non-verbal, I didn't hear my child say 'I love you mom' until he was almost three. He has autism, sensory issues, mixed reception communication, and without the support from government programs like DDS and ECcares, it would have been difficult if not impossible to weave through the complex and guarded resources that are currently available. The money that goes towards these programs make a difference in the life of people like me, and kids like mine, in ways that I couldn't have even imagined before my kids.

My kids have major strengths, my son is bright and funny with a love that is unmatched. My daughter is creative and spunky, with ambition that is unrivaled. But they live in a world that demands that they function in a normal capacity, something that is not always achievable for them. The money that goes towards my children helps them accomplish this in the best way possible.

This means more time for me and my husband, a greater ability to stay at work and make money to provide for them, a brighter future for their growth and development. I cannot imagine how life would have been the last three years without these services. Although my day to day life is still strategically planned, tight, and sometimes exhausting, it is at least possible now. It is possible because of these resources. If these resources are taken away then it will mean impossible days for children and their parents. Without funding for tools for moments that help them function, their days would look like a hard struggle instead of a success.

So I refer back to your world, where I know cuts and budgets are necessary, and beg you to look at other avenues. For families that struggle every day, children that struggle every day, they need you to think of them and care beyond the dollar. They need you to look carefully at what is provided and see within their world to see, not guess but really see what life would truly look like without it. I have lived with and without services, and it is earth shattering the improvements that they create to be able to see your child succeed. It is because of these services that they do, please do not take these away from families that need it.

Thank you for your time and consideration,
Sincerely,
Catessa



To: Joint Ways and Means Subcommittee on Human Services
From: Annie Kirschner, Partners for a Hunger-Free Oregon
RE: Budget Priorities during the COVID-19 pandemic
Date: July 24, 2020

We appreciate the many budget areas the committees have recommended preserving. We strongly ask the legislature to go further and not cut any social services, which are critical to our health and wellbeing. The balancing of the budget should ensure all Oregonians have access to nutritious food and other basic needs during this crisis and that the rights of those facing racial injustice, oppression and poverty are held first and foremost in the state's policy and budget decisions.

Hunger doubled in Oregon in a matter of weeks this spring. The devastating impact of the pandemic has no doubt been shared with you. Let me amplify these experiences of your constituents:

People have lost jobs. Lost wages. Gone bankrupt. Will miss another rent payment. Are STILL waiting for unemployment checks. Have been excluded from federal stimulus relief because certain lives aren't seen as "deserving." People don't have what we need to provide for our families. We have stood in line in the rain with our children to pick up meals. Families in Warm Springs don't have water. When the internet and phone bills are too high we're shut out from everything. Some of us have to keep going to work for the paycheck, even though it's likely we'll get COVID-19 there, especially those who pick, process and prepare food. Some of us have no child care, and have no idea if our kids will go back to school on a schedule that will let us keep the jobs we have. The intertwined injustices of racism and poverty are showing up in the demographics of the daily COVID counts in and the daily protests for justice for Black lives. We're emotionally burnt out, physically cut off from family, community and spiritual support. We have had to sacrifice so much.

We heard from the state that the recession will last until at least 2024 and more cuts are coming.

Please don't ask Oregonians who have been hurt the most to sacrifice anything else, especially the public services that are our lifelines.

Specific Budget Recommendations

Education Budget

● **Thank you for prioritizing funding in the Student Success Act, particularly the Statewide Education Initiatives funding that is earmarked for school meals.** Every dollar needs to be preserved; access to free meals will now be more critical to families than we had ever imagined when the legislation was crafted. We anticipate additional funding will be needed when school resumes, as changing federal



school meal policy will likely fall short of meeting the need. *Please see our attached issue brief on school meals during the pandemic. We would be happy to advise on this more specifically.*

● (28) **Farm to School and School Gardens**- This funding is critical to the state's economic stability, our farmers' livelihoods, and student's well-being. It's more important than ever in the face of the COVID-19 pandemic. Farm to school sales are critical for economic development, and school gardens are a perfect outdoor social distancing educational model as students return to school in the fall.

● (46) **Oregon Promise Program** - Oregon Promise provides critical tuition assistance for Oregonians with low incomes attending community colleges. With record numbers of Oregonians out of work and needing assistance gaining new skills, this deserves to be continued.

● (50) **OSU Extension Service** - OSU extension provides critical support to our communities and should be preserved. Examples of the impact of OSU Extension's work include:

- Supporting the long-term success of Black, Indigenous, and People of Color (BIPOC) farmers and food justice organizations
- SNAP nutrition education
- Support to direct market producers and local/community-based food systems

Human Services Budget

● (129) **TANF Pilots** for housing stabilization and Education and Training. This would eliminate both pilots at a time when need for housing stabilization is unprecedented, and the need for education and training is critical as major shifts in the labor market are occurring due to COVID.

● **Food Assistance Gaps** -Additional investments are needed. It will be critical to understand the details of the next federal stimulus in order to provide meaningful input into what the most effective forms of food assistance the state will need to invest in.

Bottom Line- When balancing the state budget, don't cut human services or education. These are critical investments during the pandemic and in our economic recovery, and any cuts will only deepen the hardship families are facing, especially for those already in poverty. We ask the state to leverage every option to keep this funding whole, and prioritize additional federal funding to those most impacted by poverty.

7.23.2020 CareOregon Testimony to JWM Human Services Subcommittee

Chair Beyer, Chair Nosse, and Members of the Committee:

Thank you for this opportunity to testify with regard to the Co-Chair Rebalance Plan for Agency Reductions. We know that the COVID-19 pandemic has caused tremendous uncertainty and financial stress to our state, and we testify today in support of efforts to make sure Oregon's Medicaid program remains structurally sound for those who depend on the Oregon Health Plan for the delivery of high-quality health care.

CareOregon, a nonprofit that has served Oregon Health Plan members for over 25 years, is a founding member of Health Share of Oregon, the Coordinated Care Organization that contracts to manage Medicaid benefits in the Portland Metro area. CareOregon manages the behavioral health benefits for Health Share's 300,000 members, the physical health benefits for 200,000 of those members, and dental health benefits for 70,000 Health Share Members. Additionally, CareOregon manages OHP benefits for 45,000 members in Jackson County through ownership of Jackson Care Connect, and 30,000 members in Clatsop, Columbia and Tillamook counties through ownership of Columbia Pacific CCO.

CareOregon's mission is to build individual well-being and community health through partnerships, shared learning and innovation. Our vision is healthy communities for all individuals, regardless of income or social factors. CareOregon responded to the chaos presented by the COVID-19 pandemic in multiple ways. We were able to quickly adapt to this emergency because we maintain reserves for times like these; it is who we are.

With our mission to guide us, we advanced over \$30 million to health care providers in our network to help protect the delivery system from the disruption caused by the pandemic. We were also able to provide over \$1.5 million in emergency grants to community-based organizations that work to address the social determinants of health which often inhibit our members from healthy living. We know that challenges presented by COVID-19 will continue to emerge, and we want to be sure that we have the resources to continue to adapt to the needs of our community.

We understand the need to make quick decisions regarding funding for the Oregon Health Plan, and we are working with the Oregon Health Authority to make sure that any CCO rate reductions are thoroughly vetted and beneficial to our members, CCOs, and the agency. We respectfully ask that this committee pay close attention to the way in which increased Federal

Medical Assistance Percentage (FMAP) funding is used. We believe that in times of financial crisis, we should maximize federal financial participation by making sure that Oregon pulls down as many federal dollars as possible. Furthermore, we encourage transparent planning for how increased FMAP funding will be budgeted for, and subsequently distributed.

We are all in this together, and CareOregon stands ready to support the safety-net and our community well into the future. However, transparency and collaboration are critical to helping CCOs plan for these incredibly uncertain times. Thank you again for this opportunity to testify, and please do not hesitate to reach out to us if we can be of further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. B. Rigsby".

Jeremiah Rigsby, JD
Chief of Staff
CareOregon



Doug Riggs

Oregon Alliance for Safe Kids, Healthy Families and Strong Communities.

Chairs,

Our 40+ non-profit programs serve close to 100,000 youth:

94% are facing poverty

44% are children of color.

The COVID pandemic has hit them particularly hard, and the long-term impacts will be dramatic. **We want to thank you for learning from Oregon's mistakes of the past and not slashing programs, like those for at risk youth - - which actually lead to HIGHER costs. This is a welcome, and exceedingly encouraging development!**

I want to discuss two programs with you today.

First, we are concerned with cut #63 to the Intensive In-Home Behavioral Health Program, one of the really exciting recommendations to come out of SB1, a move which would also sacrifice federal funds. We hope that we could address that issue.

Second, looking forward in the next month or two or three, as you consider whether or how to invest some of the \$968 million in rainy day funding not touched by this budget proposal, the \$335 million left of the CARES Act funding, or a 4th Federal Stimulus bill, the numbers and data suggest that adding \$2 million in funding for a single, evidence-based program for the next three years could save the state \$3.2 billion or more over time.

Families already in crisis are now face growing health and economic concerns. That is leading to growing numbers of youth pushed out of their homes and on to the streets.

Why is this important to you? Because statistics tell us that:

2/3 of youth who are homeless for as little as 3 months go on to become homeless as adults.

The cost of one adult trapped in a lifetime of homelessness is \$3.2 - \$5 million.

Higher ER visits, drug and alcohol impacts, criminal justice encounters, and workforce losses. Wouldn't it make more sense to spend a little UP FRONT, and get the services that homeless youth need to **break this cycle** and SAVE money for our systems?

Data shows that for every \$2 million of investment, we can serve over 700 RHY youth. If just 50% of those youth for a three-year period avoided homelessness as adults, the state could save \$3.2 billion over the next 20-30 years.

To me, that's a good economic investment. And it addresses the tragedy of homelessness that we see on our streets day after day after day.

We need to break the cycle of homelessness. The numbers and data tell us that investing a small amount of funding into these programs would be an excellent investment and save billions for state and local programs in Oregon!

Again, thank you for your leadership on the budget and policy issues facing our state.

From:
To: [JWMHS Exhibits](#)
Subject: education on preserving foster care & adoption services
Date: Wednesday, July 22, 2020 5:07:40 PM

Dear Honorable Members of the Interim Joint Ways & Means- Human Services Sub Committee,

Supporting children 1) in foster care and 2) providing adoption recruitment and post adoption/guardianship support and services for children who cannot safely reunify with birth family are critical steps that stabilize communities and prevent further secondary re-entries into care. Children who have been through these traumatic, loss-laden experiences have elevated needs that evolve and change over their growing-up years, often significantly impacting the families who care for them.

Oregon's foster, adoptive and guardianship families need continued assurance that there are reliable services available when they need them to do their best for kids.

The Oregon Post Adoption Resource Center (ORPARC) supports these families statewide with FREE in-depth consultation services, information and referral to myriad community resources, training, a resource-rich website, and an online state-of-the-art specialty library (*the largest of its kind!*) that mails materials to families and workers all over Oregon. Thousands of families and the professionals who work with them rely on ORPARC's services and adoption-competent, culturally competent and trauma-informed staff, including bilingual Spanish speaking staff.

As the Director of both ORPARC and of our partner recruitment program, the Oregon Adoption Resource Exchange (OARE) website which supports workers and children through formal recruitment services, training and more, we strongly encourage continued Oregon DHS support for ORPARC's services (*which garners a federal match*) and the OARE website program (*which is currently helping to fulfill and support the federal Adoption Call to Action mandate*).

Thank you for your time and consideration.

PLEASE NOTE WORKING REMOTELY

Kendra Morris-Jacobson, MA | Pronouns: *She/Her/Hers*

Director of Oregon Programs | **Oregon Adoption Resource Exchange** | **Oregon Post Adoption Resource Center**

6443 SW Beaverton-Hillsdale Highway, Suite 205, Portland, OR 97221 www.oare-kids.org | www.orparc.org

☎ 503-241-0799 x16 | ☎ 800-764-8367 | ✉ kmorrisjacobson@nwresource.org

A program of Northwest Resource Associates

PLEASE DO NOT read, copy or disseminate this communication unless you are the intended addressee as this e-mail contains confidential and/or privileged information. If you have received this communication in error, please call the sender immediately at (503) 241-0799 and/or notify the sender by e-mail. Thank you.

July 27, 2020

To: The Honorable Lee Beyer, Co-Chair
The Honorable Rob Nosse, Co-Chair
Members of the Joint Ways and Means Human Services Committee

From: Charlotte Ransom, M.D. FACEP
Eugene Emergency Physicians

RE: Support for people mental health crisis

Eugene Emergency Physicians is a group of 35 physicians and 13 physician assistants providing emergency care to patients in Lane County at Sacred Heart Medical Center, RiverBend, Sacred Heart Medical Center, University District, and Cottage Grove Community Hospital. We feel, as members of these communities and residents of Oregon, it our duty to advocate for the mental health patients we serve. We already see our patients experiencing delays in treatment and and inefficiencies in care. When the systems fails them, we see them. When there is no where to send them, we care for them. But this comes at a cost. When our emergency departments are crowded with patients in crisis due to lack of outpatient resources or lack of inpatient placement, our ability to care for other patients decreases. COVID has stressed us all, but for those who live on the cusp of crisis, the increased pressures and decreasing resources have become the tipping point. Our emergency departments are seeing increasing numbers of patients asking for our help. At a time when the need is so great, a cut in funding would be devastating. Our patients are the neighbors in our communities and the members of our families. They need to know that we are able to help them through this crisis. If anything, mental health resources need increased funding and broader reach.

In the last few months we have felt the stress the pandemic has placed on our patients. With every inpatient psychiatric facility in the state full and access to the Oregon State Hospital limited, we are frequently boarding patients in our emergency departments for days while they wait for access to appropriate inpatient facilities. When pediatric patients or those with developmental delays present in mental health crisis, they often stay with us for weeks or even months. During this time these patients live in a windowless room using a communal ED bathroom and a shower meant for decontamination. They are receiving little to no therapy. In addition, our available beds for new emergency cases decreases - something we cannot afford with a looming pandemic.

We see patients returning to our departments over and over for care that should be provided outside the hospital setting. Some of these people eventually require an admission that could have been avoided with proper outpatient resources. We have patients using emergency services multiple times a months, sometimes multiple times a week, because, despite being an expensive, suboptimal, and inefficient way to provide ongoing metal health care, it is the only resources they are able to access.

In our society, the emergency department is the safety net. We take pride in catching those who fall through the cracks. But there is a breaking point and we are reaching ours. We ask that you, as legislators, provide the communities of Oregon the resources to help these vulnerable people so when your family member come to the emergency department with a mental health crisis, he can admitted to a facility for appropriate treatment and when your neighbors come to us with COVID, there is a room available so she can can be quickly moved away from others and receive appropriate treatment.

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Fight for our Future Testimony

Fight for Our Future is a growing coalition that includes organizations serving children and families, Black, Indigenous, People of Color (BIPOC) organizations, older adults and seniors, labor unions and advocacy groups who are coming together during a time of unprecedented demand for state services amidst a deep recession to call on our leaders to finally address hundreds of years of systemic racism in how public services are funded and provided.

The health and economic impacts of COVID-19 on all Oregonians - but in particular Black Indigenous and Oregonians of color - have been both devastating and unsurprising. Constitutional, legal, institutional and societal barriers in place for generations have contributed to the devastating inequities we see today. We have an opportunity to dismantle white supremacy and anti-Black racism within our structures and institutions, and we can no longer ignore how these systems serve some and harm others, particularly Black, Indigenous, People of Color.

As *Oregonian/Oregonlive* reported recently, in a state whose population is 75 percent white, about two-thirds of new positive cases were found among people of color. A *New York Times* investigation showed that these extreme disparities cannot be explained away by lack of healthcare access or other factors. Rather, people of color are simply more exposed to COVID-19 as part of their daily lives. For example, 43% of Black and Latinx workers are working in production and service jobs that do not allow them to work safely from home while only 25% of white workers do.

We also know that we are just at the beginning of the economic issues that the pandemic is creating in Oregon and local communities. We need to kick-start our economy by investing in our communities, supporting workers, and protecting services like health care and education. Now, more than ever, we need to protect public services. We believe the COVID crisis and this particular moment in history has created an unprecedented opportunity to challenge the status quo, to resist a return to "normal," and to raise up and leverage the incredible resilience of BIPOC communities and create a better future for all Oregonians.

Black, Indigenous, People of Color, women, older adults and seniors, immigrants and low-wage workers have borne the brunt of this crisis. The budgets you create should recognize that and support better solutions rather than foist further harm. We appreciate the work you have done so far to recognize that.

For this year's budget rebalance, we support the prudent use of reserves and savings that allow us to maintain public services as Congress finalizes a new emergency relief package for states. We know that no state can get through this time alone and hope that ultimately Congress will

understand that the best way to get through this crisis is to ensure that state budgets, and the families and communities that rely on them, can remain whole.

We appreciate the stated principles from your framework: “Prioritize and address immediate problems and issues first, considering equity while focusing on the needs of individual Oregonians, workers, and Oregon businesses most affected by COVID-19,” and “Prioritize programs and services so that reductions are based on values rather than an “across the board” methodology.” We would like to see action following those principles with racial equity and transparency at the center.

To us, this means that in addition to bringing a new approach to state budgeting, we must recognize that public services are more important than ever. There is an unprecedented need for food assistance, unemployment benefits, the Oregon Health Plan, and other services to help people who have lost their jobs or cannot return to work because of COVID-19. In our schools, teachers have had to quickly create new distance learning curricula and distributed school lunches to low-income families after schools were closed and are now grappling with how to safely educate students as the pandemic continues. Educators and all public workers have been on the front lines helping our state respond to the coronavirus. We need to make sure they have the resources they need to keep doing their jobs for Oregonians until things are safe. The Great Recession taught us that cuts to public services and the people who provide them delay recovery and harm people of color. Oregon cannot make the same mistake again.

As you step into the multi-year challenge of balancing our state’s budget, we ask that you and the state agencies usher in a new era of transparency and access to the state budget process and use a racial equity lens when making decisions. The budgets you create and approve in Salem affect the lives of every Oregonian. The figures on your spreadsheets resonate in every part of the state. Who is supported, who is abandoned? Who is listened to and who is ignored?

We look forward to partnering with lawmakers in this important work. We feel it is imperative that budgets be presented with more context and specificity on who is impacted and why those decisions were made. For example, Where there is a cut or increase it would be helpful to know more about the cuts. What percentage of cut it is to the program, for example or what impact it will have on staffing either directly or indirectly.

Rather than simply restore and return to the status quo, this crisis is an opportunity to revision our state and implement the visions Black, Indigenous, and People of Color have repeatedly shared and dreamed of since the inception of this country and build a recovery that fundamentally restructures Oregon’s economy to be more equitable and fair for everyone. Let us work together to help Oregon reimagine what is possible and recover and rebuild into a better future for our children, our families and our communities.

Fight for Our Future coalition includes these organizations:



From:
To: [JWMHS Exhibits](#)
Subject: for testimony to the committee
Date: Thursday, July 23, 2020 8:54:39 AM

I wanted to correct some information presented in the budget proposal for cutting staff positions at Oregon State Hospital. The information that was put out stated that 22 non-direct care positions were being considered for elimination at Oregon State Hospital, but that is not accurate. The six positions associated with the "Patient Incentive Program" ARE direct care staff. They work with patients and their treatment team to develop, implement, and evaluate incentive plans to encourage patient participation in activities and behaviors that are necessary for discharge from the hospital, including participation in group and individual treatment. The loss of these staff and this program would be a significant detriment to the patients and their care at the hospital.

Thank you for your time.

Jennifer Snyder, Ph.D.
Licensed Clinical Psychologist
Behavioral Psychology Services
Oregon State Hospital
2600 Center St. NE
Salem, OR 97301

(503) 932-2728
Jennifer.Snyder@dhsosha.state.or.us



Senator Lee Beyer, Co-Chair
Representative Rob Nosse, Co-Chair
Joint Interim Committee Ways and Means Subcommittee on Human Services

Mary Schoen-Clark, Facilitator
Foster Parents Together
c/o L. Misaras
P.O. Box 17548
Salem, OR 97305
FosterParentsTogether@yahoo.com

Thursday, July 23, 2020

Comment re: Oregon Budget Re-Balancing / Agency Reductions

Foster Parents Together urges the preservation of supports for the children and families within the foster care system including the families, foster families and young adults aging out of care. As COVID-19 continues to ravage families by increasing major stressors more impacts will be seen on the most vulnerable – the children the State must take into its care.

We are writing today to express what a big return on investment there is from family support services and respite (e.g. "Family Night Out") which were mentioned for consideration of reduction. We acknowledge and appreciate the focus on minimal reductions on the Child Welfare programs and maintaining the multi-biennia investments in staffing, new programs, and legal services. We do have hope, however, that reduction of family support will be carefully considered and avoided if possible, only reduced as a last resort, and restored as quickly as feasible when economic circumstances improve.

Foster Parents Together (FPT) is an unincorporated grassroots group connected from inside the child welfare system which includes current and former foster parents, adoptive parents, and guardians. We share a strong desire to get actively involved in making the foster care system better for Oregon's most vulnerable citizens. Since Summer 2018, our online presence has grown to ~400 members. We have hosted calls, meetups, and discussions with families, professionals, and leaders in Oregon. We maintain an email list and social media group online as well.

Thank you for your consideration.
Respectfully submitted, we remain

Sincerely yours

Mary Schoen-Clark
Foster Parents Together
Facilitator
971-282-3302
mschoenclark@hotmail.com

Kathy Wiseman
Foster Parents Together
Facilitator
971-998-8177
treswiseman@gmail.com

Laura Rose Misaras
Consultant
Consumer & Family Advocate
541-606-4849
laurarosemisaras@yahoo.com

From:
To: [JWMHS Exhibits](#)
Subject: FW: Ways and Means Testimony
Date: Tuesday, July 28, 2020 4:55:33 PM

From: Lindsay Gebbie
Sent: Thursday, July 23, 2020 10:17 AM
To: JWMNR Exhibits <JWMNR.Exhibits@oregonlegislature.gov>
Subject: Ways and Means Testimony

My name is Lindsay Gebbie. I am a mom of three, my oldest is a 1st grader in PPS. I am also a PPS teacher. I am here presenting to you today because I am very concerned about the plan for childcare for families in the fall and what that will mean for learning for our students.

Schools around the state have released their hybrid model plans for the fall which will mean that students will spend two days in school and three days at home, or in a childcare facility doing their learning online. Additionally, we have seen cities up and down the West Coast determine that all students will start learning fully online in the fall. This means that Portland students will spend 3-5 days away from school and learning online.

While teachers are scrambling to figure out what learning will look like both in the classroom and out of the classroom, parents are scrambling to figure out what to do about childcare while they are at work. As both a parent and a teacher, I have the pleasure of scrambling over both issues.

What we're seeing among privileged parents is that they are setting up "learning pods" and hiring a nanny or tutor or even a licensed teacher to come to their house and teach their child and a small group of other kids from their child's class. But where does this leave low-income families who can't afford full-time childcare? Where will their kids go on those 3-5 days? How much will it cost them? Will it be covid-safe to send their kids to not just one pod of students at school, but also a second one in a childcare facility? And, as a teacher, my most pressing question is will they have access to help on their school work?

The current plan is clear: it's every man, woman and child for themselves. That means that privileged families will spend lots of money on childcare, but at least they will get to keep their homes and their children will be educated. Low-income families, though, could possibly be ruined by this. I'm terrified that I'm going to start to see many of my students being evicted from their homes and facing homelessness and hunger. The toll on our students is going to be enormous and we are simply leaving them behind.

I'm calling to propose funding for childcare assistance for low-income families. If

students can't be in the classroom, we need to make sure that they and their families and children are safe and that children can get the assistance they need on their school work.

I'd like to see an increase in subsidies for childcare facilities or assistance to low-income families in the form of income assistance so that children will have a safe place to go and a safe and equitable place to learn on days when schools are online. The toll otherwise is too great.



Joint Committee on Ways and Means

Oregon Legislative Assembly

900 Court St. NE, Salem, Oregon 97301

July 22, 2020

Re: Transparency and Cooperation in Budget Conversations

Dear Members of the Joint Committee on Ways and Means:

Health Share writes today to provide feedback on the budget development process for coordinated care organizations (CCOs). Health Share of Oregon is the state's CCO serving over **355,000** Oregon Health Plan (OHP) members throughout Clackamas, Multnomah, and Washington Counties. Our CCO model prioritizes collaboration amongst a wide variety of stakeholders allowing us to leverage our partners' resources, expertise, and networks to serve our members.

Throughout the COVID-19 pandemic, Health Share's collaborative model has ensured member access and provider stability and has evolved to focus on the evolving needs of the community. As the pandemic exacerbates inherent health inequities, we have proactively communicated to 65,000 high-risk members, ensuring their access to healthcare and social services continues. Together, with our integrated delivery system partners, we developed systems providing new Health Share members the option of keeping their current provider when transitioning from commercial coverage to the Oregon Health Plan (OHP). We recognize we are not alone in this essential work and thank our fellow CCOs who have responded similarly to their members' needs during this unprecedented time.

It is because of that focus on collaboration and reliance on our members' essential input that we come to you with concerns about the CCO budget development process moving forward. We understand this pandemic, especially at its outset, required difficult, complicated decisions in a very short time period. We applaud the Oregon Health Authority and the Legislature for their ongoing efforts to stabilize Oregon's health care delivery system. Additionally, we appreciate the difficulty of making budget reductions/adjustments in an environment of great uncertainty with no definitive estimates on Medicaid enrollment, federal assistance, etc. let alone the future impact of the virus.

However, recent efforts to implement a retroactive rate adjustment to CCOs highlight the need to improve the rate development process. As we move to develop additional strategies to respond to the pandemic, as well as CCO rates for the 2021 contract year, it is essential the state engages in robust stakeholder engagement to assess the impacts of decisions prior to their implementation. The process should be abundantly transparent with numerous opportunities and avenues for those impacted to provide feedback.

If not, we risk the unintended consequences of network instability that could lead Oregonians to lose access to their health care provider. Thankfully, unlike at the outset of the pandemic, we are afforded the temporary gift of time to be more thoughtful and deliberate in future rate development discussions. Health Share stands committed to working together with both the state and the Legislature to create an inclusive process whereby state investment in OHP reflects robust input from OHP members, providers and CCOs alike.

If you have any questions, please do not hesitate to contact us. We continue to be honored to serve OHP members in this unprecedented time to ensure our most vulnerable Oregonians are able to access the health care they need.

Sincerely,

James Schroeder

CEO

Health Share of Oregon



July 16, 2020

Governor Kate Brown
Senate President Peter Courtney
House Speaker Tina Kotek

Re: Maintaining support for children's oral health

Dear Governor Brown, President Courtney, and Speaker Kotek:

On behalf of the Healthy Teeth Bright Futures Coalition, thank you for your ongoing work to address the coronavirus pandemic. This is a challenging and unprecedented time for Oregon and without a doubt, we know that you understand the significant threat of this crisis for Oregonians throughout the state. We also know that children of all ages are being affected and for most, the impact will be lifelong.

We recognize that the Executive Branch and Legislature face unenviable decisions on how to rebalance the state's budget. As you work towards resolution, we urge you to continue our longstanding history in Oregon of ensuring all kids have access to the health care they need to reach their full potential. We know that Oregon's small investments to date in oral health have yielded outsized positive results, both immediate and long-term, particularly with its impact on overall health.

While we've made progress, the reality is we continue to experience a dental health crisis in our state that threatens the long-term health, health equity, and success of Oregon kids. This is especially true for low-income children, children of color, and children from rural communities who are impacted the most by gaps in access to dental care.

Even as you must make difficult budget decisions, we ask that you keep the solemn commitment made at the outset of the CCO experiment to fully embed oral health in Medicaid. We urge you not to weaken oral health at a time when many Oregon families can't get preventive dental care that kids need to be healthy, attend, and perform well in school.

COVID-19 is heightening the need for better access to dental care

Dental care plays a vital role in keeping kids healthy and putting them on a path to success and yet preventive services remain out of reach. Many Oregon kids lost access to preventive school-based dental services when Oregon schools closed—these same children will experience disproportionate harm as a result of this pandemic because they're already in disadvantaged or vulnerable situations while experiencing critical health disparities.

Kids can't afford to lose access to critical dental services

Oregon has one of the highest rates of childhood dental disease in the nation. Nearly half of the kids in our state will have a cavity by age nine, and about two of every five of those cavities will go untreated. This is not just an inconvenience—untreated cavities cause pain and can lead to infection that spreads to the rest of the body.

Children of other ethnicities are at higher risk. The percentage of kids in Oregon with cavities, by community, are:

- 72% Native Hawaiian/Pacific Islander
- 64% Hispanic or Latino
- 59% Asian
- 50% Black/African American
- 43% White

School-based programs give more Oregon kids access to preventive care

Our broad coalition is focused on children's oral health, specifically delivery of oral health services through school-based programs. A few stats show the importance of and high ROI from these programs and related administrative supports through OHA:

- Approximately one in every six children seen by a sealant program have serious oral health problems that require urgent dental attention.
- School-based oral health programs have been documented to yield \$8 million in net savings in avoided hospital emergency room encounters.
- Nearly 1 in 10 Medicaid-covered children obtain oral health services only through their schools.

In recent months, our coalition members have worked together to raise the effectiveness of school-based programs even more, including leveraging data to greatly improve coordination of care.

We have four specific budget-related concerns:

1. OHA Dental Director vacancy. This is a critical hire to provide leadership and oral health oversight in both Public Health and Medicaid. Cutting this position (OHA's Budget Reduction Options item #44, \$133,570) would be a major setback to oral health integration.
2. Potential cut in direct state support for school-based sealant programs in Tillamook and Clatsop counties. (item #87, \$134,480) This expenditure is mostly offset by contracts that financially support this activity, so the scored savings are largely illusory.
3. Recent OHA action to end a program that provides fluoride tablets and rinses to schools, which costs less than \$50,000 a year, citing rising supply costs and administrative issues. This tiny program has punched way above its weight, playing a critical role in protecting low-income and minority children from the consequences of water fluoridation politics. It should be restored.
4. Extremely low reimbursement rates for oral health services have long been a key cause of limited access to dental care for Medicaid patients, particularly in medically underserved communities. Cuts from an already low level would reopen a question many of us thought settled by the 2011 CCO-enabling legislation as to whether oral health services are essential.

Thank you for all that you are doing under extraordinary circumstances. If we can be of any assistance to you and your teams as you work through health-related budget issues, then we are eager to help.

Sincerely,

Tom Holt

For: Healthy Teeth Bright Futures





July 24, 2020

Joint Ways and Means Subcommittee on Human Services
Oregon State Legislature
900 Court Street NE
Salem, OR 97301

Dear Co-Chair Beyer, Co-Chair Nosse, and Members of the Committee:

I write to you on behalf of Home Forward, the largest provider of affordable housing in the state of Oregon. Home Forward serves more than 15,500 people earning low incomes in Multnomah County by providing affordable housing, administering rent assistance, and providing various supportive services to residents and participants. Our mission is to assure that the people of the community are sheltered. We believe that everyone deserves a stable home.

Oregon has one of the highest unsheltered homeless rates in the country and from our most recent Point in Time count, we know that Black and Indigenous people experience homelessness at disproportionate rates. Both the research and our organizational experience tell us that permanent supportive housing (PSH) is an evidence-based strategy to end chronic homelessness for individuals and families. We also know that PSH works to reduce Medicaid costs by 14%, increase primary care visits by 20%, and reduce emergency department visits by 18%.

In addition to providing PSH in our community today, Home Forward was selected to participate in the OHCS PSH technical institute. We partnered with the Urban League of Portland, the state's oldest civil rights and social service organization, to participate in the institute and proposed a PSH project for 60 formerly homeless individuals in need of culturally specific support and services. To serve these families and all households experiencing chronic homelessness, whose path out is through PSH, we must commit to each piece of the model because it doesn't work without all three ingredients: affordable housing, rental assistance, and supportive services.

We understand that a portion of the PSH funding allocated in the 2019-21 budget must be swept as part of the state's effort to balance the budget following the economic impacts of the epidemic. We appreciate that you have done so in a way that maintains funding for existing projects. It is critical to restore this funding in the 2021-23 budget. Oregon's investment in Permanent Supportive Housing is critical to meeting the housing needs in our state.

Thank you for the opportunity to provide input. Please contact Taylor Smiley Wolfe, Director of Policy and Planning, Home Forward at 503-957-8760 or taylor.smileywolfe@homeforward.org regarding these comments.

Sincerely,
Taylor Smiley Wolfe
Director of Policy and Planning
Home Forward



July 23, 2020

Joint Interim Committee on Ways and Means
Human Services Subcommittee

Co-chair Beyer, Co-chair Nosse, and Members of the Committee,

In 2020, after working in partnership for three years, Children First for Oregon (CFFO) and The Children's Trust Fund of Oregon (CTFO) merged to form Our Children Oregon (OCO). OCO's mission is to be a voice and force for the common good for all Oregon children, ensuring all children have the resources and opportunities they need to reach their full potential. We elevate data and the voices of communities to amplify the need and collaboratively develop policy and public investments to improve overall child and family well-being across the state. We continue to convene the Children's Agenda, a partnership of 120 organizations, looking at the holistic needs of children.

We are writing today to express our strong support for the implementation of a racial equity lens with regards to budgeting decisions. We recognize that communities and subpopulations are differently situated due to a wide range of systemic and societal factors, including variances in education, housing, language, racism, and intergenerational trauma. We approach these challenges using a targeted universalist strategy theory of change. Targeted universalism supports the needs of the most marginalized while reminding us that we are all part of the same social fabric. Through the application of this framework, we strive to enhance overall outcomes for *all* children by paying particular attention to the role of racial equity, its impact on

budgeting decisions, and its effects on Oregon's most marginalized and underserved communities.

We appreciate the budget framework and the Ways and Means Co-chair Principles that were released last week, and acknowledge that the budget reduction process is a challenging one.

We urge you to support the following:

- Ground budget decisions in racial equity
- Target reductions to avoid across the board cuts
- Apply federal dollars
- Use reserves strategically
- Improve the public process

Ground budget decisions in racial equity

Racial equity benefits all Oregonians. By prioritizing and centering the voices and lived experiences of the most marginalized communities, we will be moving towards a stronger future where all Oregonians are afforded the opportunity to live with dignity, and allows us to begin to correct historic injustices. So many Oregonians have suffered over the past few months from the pandemic, however the Black, Native, Latinx, and Pacific Islander communities are among the hardest hit. It is the duty of the state to ensure all Oregonians are supported, and the way to do that is through the application of a racial equity lens to ensure an equitable recovery that leaves no community behind.

Target reductions to avoid across the board cuts

We appreciate the approach of the Ways and Means process to avoid across the board cuts. Only by listening to the lived experiences of marginalized communities and centering their interests will Oregon truly serve the people of the state. We must listen to our most vulnerable populations to understand what they need and ensure that they are receiving the necessary

resources and support during these uncertain times. Across the board cuts would disproportionately impact those furthest from justice.

Apply federal dollars

We hope to see another strong federal package in the coming weeks, and urge legislators to continue to maximize federal dollars to support departments, programs, and initiatives identified by communities to have the greatest impact towards an equitable recovery.

Use reserves strategically

As we look back at the Great Recession, some of our deepest cuts to programs were not seen immediately, but in the 2011-13 budget that followed. We appreciate the approach of the Ways and Means Co-Chairs' budget framework to use the Education Stability Fund and limit the ending fund balance, and to hold back on the Rainy Day Fund until we see future revenue forecasts. We need to look towards a more equitable future for Oregon and that requires a long-term approach and strategic, informed decisions.

Improve the public process

Acknowledging the importance of a racial equity lens also means acknowledging the systemic barriers marginalized communities face when advocating for their own interests. The way policies and systems are designed and implemented can either prevent or perpetuate the factors that can lead to poor outcomes. How Oregonians elevate the voices of marginalized communities impacts the level of investment to serve their interest. Communities must be outfitted with the data and tools needed to advocate for themselves, and the legislative process needs to be more transparent and provide information in a timely manner.

The impact of COVID-19 has revealed disparities across health, education, and the economy. These disparities are evidence that the State has much more work to do to target our investments. We must ensure an even playing field for children to reach their full potential, so that children and their families have access to the resources that they need to thrive in every

community. We know that communities have been doing work to support an equitable future for our children for a long time with inadequate resources. We must focus on budget decisions that will shift us from what we have done in the past towards making the investments needed for our collective future.

To look for a return to “normalcy” is to look to a pre-COVID past that was not working for far too many of our children. Now is the opportunity to do better by Oregon’s children and families. This is the time to reimagine the world we want to live in and make it real with each decision we make. Let’s start today in the approach we utilize to balance the 2019-2021 budget.

Sincerely,

Chris Coughlin, Director of Policy, Advocacy and Community Engagement

Jenifer Wagley, Executive Director

Our Children Oregon

Voices United, Opportunities Reimagined.

Subject: Importance of Foster Care and Post Adoption Services
Date: Thursday, July 23, 2020 9:28:09 AM

Dear Members of Subcommittee on Human Services,

Thank you for the additional time, effort and thoughtfulness you are putting into making some hard decisions for Human Services in Oregon.

As you probably well know, the welfare of our children and youth is critical to our overall wellbeing as a state. As we need healthy and thriving children.
It is especially critical we preserve services that will promote the well being of youth who are in or have been in foster care.

Services supporting and strengthening foster parents and providing post adoption services are essential for the well being of youth in their care, like Oregon Post Adoption Resource Center.

These critical services sustain foster, adoptive and guardianship parents, which in turn allows the caregivers to continue providing the therapeutic parenting youth need to heal and thrive. Healthy and thriving youth will only strengthen our communities and build a better future for Oregon.

I would also support any opportunities to look at changing how Oregon's kicker works in order to keep critical human services funded in Oregon.

Thank you for serving our state and communities.
With kindest regards,
Nicole Russell

From:
To:
Subject: Joint Subcommittee On Human Services
Date: Sunday, July 26, 2020 5:36:26 AM

My name is Donald Littleton and I am a Senior Disabled resident of this State living in Eugene. My concern is with the point system used by the state to determine eligibility for Caregiver services thru SDS here in Eugene. After being denied and then winning my case by default when it was discovered that the government had erred in denying my case. I believe that the current point system is out of date and is too unyielding to accurately asses the true needs of disabled seniors and others to whom it is intended to help. This problem needs immediate attention as many in the community in need of caregiver services are at risk.

Sent from [Mail](#) for Windows 10



July 23, 2020

Senator Lee Beyer, Presiding Co-Chair
Representative Rob Nosse, Co-Chair
Joint Interim Committee on Ways and Means Subcommittee on Human Services
Oregon Legislative Assembly

Delivered via email: jwmhs.exhibits@oregonlegislature.gov

Dear Co-Chair Beyer, Nosse and Members of the Interim Subcommittee:

PacificSource is an independent, not-for-profit health plan based in Oregon. We serve commercial, Medicaid, and Medicare members, and PacificSource Community Solutions is the contracted coordinated care organization (CCO) in Central Oregon, the Columbia River Gorge, Marion & Polk Counties, and Lane County. Our mission is to provide better health, better care, and better value to the people and communities we serve. We write to provide some perspective on the plan to include an even \$26 million in savings due to rate adjustments for coordinated care organizations.

At the outset, PacificSource recognizes the difficult choices that the Legislative Assembly and the Oregon Health Authority needs to make in this challenging budget environment. We understand that organizations like ours will need to share in the responsibility of protecting vital services. PacificSource has actively taken steps to address the needs of providers and members during this pandemic. Like the other coordinated care organizations, PacificSource devoted resources normally used for reimbursing health care services and instead successfully delivered financial stability payments to our provider partners. PacificSource has also devoted resources to report information to the Oregon Health Authority necessary for CARES Act funding and undertaking other work streams important to the pandemic response.

However, we are all operating with a number of unanswered questions that make finding an optimal solution difficult. Oregon, along with the rest of the country, clearly has not experienced a decline in COVID-19 infections. Enrollment in the Oregon Health Plan appears to be growing steadily, but not rapidly. It remains unclear if those that do enroll in the future will enroll precisely because they seek medical care, or if people will enroll preemptively.

We ask that the subcommittee take into account the work coordinated care organizations have already undertaken, plus acknowledgement of the unknowns before us, in making a decision on rate adjustments. We also encourage the legislature to carefully consider the budgetary leverage that is achieved within the Medicaid program when we maintain state funding and thereby maximize federal matching funds. Finally, we call on the subcommittee to encourage a collective, collaborative framework to discuss potential budget challenges for the 2021-2023 biennium.

Sincerely,

/s

Richard Y. Blackwell
Director, Oregon Government Relations



Looking Glass Community Services

Administrative Office

Looking Glass Programs

Counseling Services

Counseling Program
Crisis Response Program

Runaway & Homeless Services

Station 7 Program
New Roads Program
Rural Program

Education & Vocational Services

Riverfront School & Career Center
Center Point School
New Roads School

Residential Services

Regional Crisis Center
Pathways Boys Program
Pathways Girls Program
Stepping Stone Program
Parole Revocation Diversion Program

To: Joint Interim Ways and Means Sub-committee on Human Services

From: Craig Opperman, Looking Glass Community Services

Date: July 23, 2020

Dear Co-Chairs Beyer, Nosse and Committee Members:

Looking Glass Community Services serves several thousand children, youth, adults and families from throughout Oregon with a complete continuum of care. We provide outpatient counseling, education/day treatment, unhoused youth safety net services, intensive residential treatment and 24/7 crisis intervention.

It is in significant partnership with the state that we literally save lives every day. Thank you for that! I am now asking you not only to keep full funding for those services like Looking Glass, but even consider more investment during these incredibly strange and stressful times that we now experience.

We know that behavioral health needs of our children and families are rising due to the stress of COVID. We also know that without a strong social service treatment system, our customers/clients/children/families will cost the state more as they end up in hospitals, jails, the streets or the funeral home. The spiritual/emotional toll of those losses would be even more significant. With your continued support we can prevent these losses and increase the health and strength of our communities.

I truly appreciate that you have difficult decisions to make. I am glad that you are willing to serve and lead our state through these challenges. Thank you for all you are doing!

Sincerely,

Craig Opperman, MSE
President/CEO
Looking Glass Community Services
Eugene, Lane County, Oregon



A United Way Agency

Administrative Office
1790 W. 11th Ave.
Suite 200
Eugene, OR 97402
Phone: (541) 686-2688
Fax: (541) 345-7605

From:
To: [JWMHS Exhibits](#)
Date: Thursday, July 23, 2020 5:07:28 PM

First of all I would like to thank you all for your time and letting me voice my opinion on this matter. My name is Adrian Burris and I am the Executive Support & Special Projects Manager for the 4th Dimension Recovery Center, a recovery community center with locations in both Multnomah county and Washington county. Our mission is to provide peer recovery support to those between the ages of 18-35 who struggle with substance use disorder. As a former client I am living proof that these services do work and are indeed important to the recovery and re-acclimation of those suffering from SUD into society.

Despite the conclusive indisputable evidence that addiction is a chronic disease, systems of care do not provide much for ongoing recovery management/ recovery support services. For example, there doesn't appear to be a report in Oregon demonstrating the amount of funding invested into long term recovery support services. In fact according to the criminal justice commission, of the 470 million spent every year on treatment services, less than 1% was spent on prevention and does not identify numbers spent on recovery support.

So with the projected increase in mental health crisis and substance abuse as a result of the COVID-19 pandemic and the shattering of the recovery support infrastructure, recovery meetings in person mutual aid support, the legislature should be evaluating ways to increase recovery support as a safety net mechanism.

For example, PIR run organizations like 4D, and the Miracles Club, provide occupations for people in recovery to go out and help others find recovery. Not only do these jobs help reinforce recovery, the best weapon against addiction is a person in recovery sharing their lived experience. It is estimated that it cost as little as \$50 a month per person to provide free daily recovery support at one of 4D's recovery centers. And it is estimated that between 100 to 250 would come daily (not during a pandemic).

During the pandemic, 4D has pivoted to provide direct targeted outreach to those who are homeless and those needing intervention services. Every day we receive phone calls from individuals needing recovery support, those who are suicidal and parents struggling to find a solution for their children. More so, with treatment centers and other professional services closing down 4D has remained accessible to the community. We strongly encourage our elected leadership not roll back funding from recovery support and treatment services including mental health and addiction, and make investments that will save lives and money in the foreseeable future,

thank you.

--

Adrian Burris (pronouns he/him/his)

The 4th Dimension Recovery Center

Executive Assistant

adrian.burris@4drecovery.org ph:(503)724-5622
www.4drecovery.org

***Confidentiality Notice: This information, including any attachments, has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2) and is for the sole use of the intended recipient(s). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If you are not the intended recipient and received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message. Thank you.*



To: Members of the Ways and Means Subcommittee on Human Services

From: Marcia Hille on behalf of the Tri County Behavioral Health Providers Association

RE: Proposed Divestment in Behavioral Health

Co-Chair Beyer, Co-Chair Nosse, and members of the Human Services Subcommittee,

My name is Marcia Hille and I am the Executive Director of Sequoia Mental Health and Addictions in Beaverton. As a private, non-profit mental health and substance use organization, Sequoia provides a complex array of outpatient, community based, residential and housing services for adults, children and their families struggling with mental health and substance use disorders.

As a representative of the Tri County Behavioral Health Providers Association I am here to express our concern with the proposed divestment in behavioral health funding. A divestment in our system at this critical time will undoubtedly have a detrimental impact on Oregon's behavioral health providers and put our state's most vulnerable individuals at risk – TCBHPA cannot support this decision.

We must remember that even before the COVID-19 pandemic, funding resources for the behavioral health field were scarce. After years of collaboration between providers and state leaders we have made significant strides to stabilize the system through rate increases, the establishment of new legislative committees, and comprehensive workforce research. It is disappointing to learn that portions of the investment that we so tirelessly worked for was never spent and will now be rolled back.

As a provider on the front lines I am terrified of what our system will look like in the coming months. Research indicates that the trauma presented from the COVID-19 crisis will only exacerbate the mental health issues being faced by Oregonians. Not only will our behavioral health system be overwhelmed by this anticipated wave, but so will our correctional facilities, our hospitals, and our child welfare system.

While I appreciate the difficulty of the task you face, now is not the time to disinvest in behavioral health. We must maintain our funding and look for ways to better stabilize the already taxed system. Please help us protect vulnerable Oregonians by reconsidering the behavioral health budget rebalance.

Thank you for your consideration and thank you for your service for the people of Oregon.

Marcia Hille, LCSW, MBA
Sequoia Mental Health
Tri County Behavioral Health Providers Association



July 22, 2020

Chairs Nosse and Beyer, Members of the Ways & Means Sub-Committee on Human Services,

As advocates and champions for reproductive freedom, NARAL Pro-Choice Oregon works to defend and expand access to the full range of reproductive health care services—including abortion, family-planning and contraceptives and gender-affirming care. We also work to advance policies that support Oregonians who choose to parent, by supporting policies like Paid Family and Medical Leave which provides more families the resources they need to raise healthy and resilient families.

We thank you for the opportunity to comment on the Co-Chair's Rebalance Plan and the detailed reduction plan released this week to begin to address the impact the COVID-19 crisis has had on our state budget, and the lives of all Oregonians. We would also like to recognize the disproportionate level of devastation that is being experienced by Black, Indigenous and Oregonians of color, and reflect on the policy and budgetary decisions that have put some communities in greater jeopardy during this crisis. The loss of anticipated state revenue is considerable, and we appreciate the members of this committee for outlining [principles](#) to conduct a values-based approach to the decisions ahead. When budgetary considerations are made with a simple scarcity narrative, they ignore opportunities to rebuild our state while also dismantling systems of white supremacy.

At the onset of COVID-19, the American College of Obstetricians and Gynecologists and World Health Organization issued a statement to classify abortion care as “a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks or potentially make it completely inaccessible” and urged “[c]ommunity-based and hospital-based clinicians to consider collaboration to ensure abortion access is not compromised during this time.”¹ After NARAL and our partners contacted the Governor's office, OHA quickly responded by issuing clarifying language that reproductive and gender affirming care, including abortion, were considered essential services in this state. Yet, research is already showing how COVID-19 is reducing [access](#), with 1-in-3 women (33%) reporting that the pandemic caused them to delay or cancel an appointment to receive reproductive care or that they have experienced trouble getting birth control; **the impact has been far greater on Black (38%) and Hispanic (45%) women, compared to 29% of White women.**²

The **\$1.6 million** in state reductions outlined on line 86 of the [proposed reductions](#) document, comes with an additional loss of **\$4.5 million** in federal matching funds, resulting in a total **\$6.1 million** in overall cuts to two critical public health programs: **Contraceptive Care Program (CCare), and Reproductive Health Equity Act's Reproductive Health Program (RH Program)**. This reduction contradicts one of the principles outlined by this committee: “Where possible, minimize reductions that result in loss of federal matching funds.” **Please note that state programs that provide sexual and reproductive services to communities most impacted by health access disparities are matched 9 to 1 in additional federal funds to our state.**

¹ Joint Statement on Abortion Access During the COVID-19 Outbreak. (2020, March 18). Retrieved July 23, 2020, from <https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak>

² Lindberg LD et al., Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences, New York: Guttmacher Institute, 2020. DOI: <https://doi.org/10.1363/2020.31482>



Even more than a considerable loss in federal funds, cuts to reproductive health care cause undue and immeasurable harm to those who are already most impacted by existing health inequities. Via numerous studies conducted over a decade, research shows “**[people] who are denied an abortion were more likely than [those] who received an abortion to experience economic hardship and insecurity lasting years.**”³

NARAL’s work to support the passage of the Reproductive Health Equity Act (RHEA) was a major step forward for Oregon’s efforts to increase access to reproductive health services to populations that have faced the largest barriers, including the RH Program. At the time RHEA was passed, it was estimated to Unfortunately, many patients that would be eligible for certain reproductive health care procedures at no-out-of-pocket cost or may be eligible to enroll in state-funded family support programs are unaware that these services exist. **RHEA included zero funding for community outreach or education, which has directly resulted in low patient enrollment within the communities the policy aimed to center.**

[Data](#) confirms RH Program services are chronically under-utilized due to lack of community education, outreach and enrollment: As of July 1, 2018, only 1,748 out of the estimated 51,000 (0.03%) undocumented immigrant people of reproductive age who could benefit from these programs, had actually enrolled in any of the clinic-based services. The RH Program conducted focus groups on service utilization and anecdotal evidence suggested that fear for safety concerns of the individual and their family was preventing many from seeking care, with the recent federal public charge rule imposing another deterrent for enrolling in RH Program coverage. **We were very supportive of OHA’s plans to allocate funding to community-based organizations for RHEA outreach and enrollment and are very disappointed to see these plans delayed.**

The [OHA Agency Reduction Options 2019-21 document](#) re: cuts to RHEA and CCare states: “**Limits to staffing or operations may impede program's ability to support provider reengagement post COVID-19**” and “**Reductions resulting from delays outreach efforts to vulnerable populations, which may yield limited engagement in reproductive health services and potentially lead to unintended pregnancies. Limits to staffing of operations may impede program's ability to support provider re-engagement post COVID-19. Given additional loss of Title X activities this reduction would be difficult to absorb.**” In June, the Marion County Public Health Agency decided to stop providing reproductive services, without first identifying a replacement provider to assume their role as the only Reproductive Health Program Certified Provider in the Woodburn area able to receive reimbursement for providing services to Oregonians without immigration documentation. More public health agencies could follow suit, and with reduced staff and no active community outreach, we have few options to support new RH Program certification to prevent additional deserts of reproductive care spreading as a result of COVID-19.

From conversations with providers and patients, it is clear a high level of misunderstanding or misinterpretation of statutory language among health insurers and providers. Without adequate OHA staffing to provide guidance, we lessen the real impact and spirit of RHEA. **If the \$6.1 million in real program reductions to CCare and the RH Program move forward, it will undermine our state’s long-term ability to monitor and enforce the protections outlined in RHEA, improve utilization or begin to address deep disparities in reproductive and**

³ Diana Greene Foster, M. Antonia Biggs, Lauren Ralph, Caitlin Gerdtts, Sarah Roberts, and M. Maria Glymour, 2018: Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States American Journal of Public Health 108, 407_413, <https://doi.org/10.2105/AJPH.2017.304247>



maternal health outcomes, including the risks faced by Black mothers, who are four times more likely to die as a result of giving birth.⁴

Oregonians have demonstrated time and time again, most recently in the decisive defeat of Measure 106, that a lack of economic resources should never prohibit one's ability to access quality, comprehensive health care. This committee recognizes these values in the following rebalance principle: *"Prioritize and address immediate problems and issues first, considering equity while focusing on the needs of individual Oregonians, workers, and Oregon businesses most affected by COVID-19."* **As budget decisions are considered, we urge members of this committee to not compromise access and to reject any cuts that would reduce the number of enrollees on the Oregon Health Plan or reduce access to essential services by changing eligibility standards, especially when unspent Federal Cares Act dollars are available.**

Despite the challenges of COVID-19, we see hope in new opportunities: We are working closely with health providers in clinics and hospitals across our state as they continue provide essential reproductive health care services, and we appreciate the efforts by OHA to reduce and remove barriers to utilizing telemedicine for those enrolled on the Oregon Health Plan.

We thank you for your consideration and welcome any opportunity to provide additional feedback to support this committee in meeting the challenges faced by our communities.

Sincerely,

Christel Allen
Executive Director
NARAL Pro-Choice Oregon

⁴ Howell E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical obstetrics and gynecology*, 61(2), 387–399.
<https://doi.org/10.1097/GRF.0000000000000349>



July 23, 2020

To: Sen. Lee Beyer, Co-Chair
Rep. Rob Nosse, Co-Chair

CC: Members of the Joint Subcommittee on Human Services

From: Andrew Swanson, Policy and Advocacy Director, Oregon Recovers

Re: Testimony in Opposition to Behavioral Health Divestments

Oregon Recovers is a coalition of people in recovery from addiction, our friends and family and the providers who provide critical and valued prevention, treatment and recovery support services. The mission of Oregon Recovers is to transform the existing fractured and incomplete addiction recovery system into a recovery-based continuum of care which recognizes addiction as a chronic disease requiring a lifetime of support.

As Governor Brown publicly announced over two years ago, Oregon is locked in the throes of an unprecedented health crisis. According to the latest SAMHSA Report from the National Survey of Drug Use and Health, Oregon has the 3rd highest untreated addiction rate in the nation and ranks 47th in access to treatment. As a result, five people die each day from alcohol-related deaths and we lose 1 or 2 people each day from drug overdoses. The combined annual total is the death of more than 2100 Oregonians. Comparatively, at the height of the AIDS epidemic in 1994, Oregon lost 362 people.

While we recognize that the COVID-19 crisis has had dramatic effects on the state's budget, we also recognize that the pandemic is creating a perfect storm for unanticipated spikes in addiction and mental health service needs. Our community partners have been ringing the alarm bells about increased relapses, increased alcohol consumption and increased mental health issues associated with the pandemic since April.

In the current proposal, behavioral health providers will see a disproportionate level of divestment relative to other human services at a time when our behavioral health system is already overburdened, underfunded and the state is poised to see a sharp spike in addiction and mental health rates. Furthermore, divesting in behavioral health has downstream implications for our healthcare, public safety, foster care myriad other human service programs.

Given that the demand for behavioral health services will undoubtedly increase in the coming months, Oregon Recovers urges the Committee to reconsider the disproportionate level of divestments directed at behavioral health.



Oregon Museum of
Science and Industry

1945 SE Water Avenue
Portland Oregon 97214
503 797 4000

omsi.edu

July 23, 2020

**Testimony submitted to Oregon Legislature
Joint Interim Committee on Ways and Means
Subcommittee on Human Services**

RE: \$350 million in CARES Act Funding

Dear Committee Members:

As the pandemic continues to challenge our state resources, I want to thank you for your work to support nonprofit organizations across the state that serve every segment of our population by providing education, social and health services, child welfare, housing, and other services to meet critical needs. The \$345 million in CARES Act funding is a critical lifeline to Oregon communities and the nonprofits that serve those communities.

OMSI has been hard at work delivering on our mission to support student education over the summer and schools in the fall. We are thinking not only about how our organization can survive this crisis, but about how we can help Oregon come out stronger once we recover. Right now, we see an increase in demand from communities across the state for educational resources, and we have responded by providing lesson plans and online learning opportunities, freely sharing virtual programming and content, and creating new digital services.

Working closely with the Governor's office and Multnomah County, OMSI was approved to provide emergency childcare services to Multnomah County essential workers. We also have a proposal to run in-person programming throughout the school year to supplement the hybrid model being proposed by districts in the METRO area. If we are able to move forward, we will provide school support to K-8 youth along with high-quality OMSI experiences. Funding from the state would enable us to expand these services beyond the museum area and provide access to a broad diversity of communities in locations across the state.

Additionally, in partnership with several schools, we have designed a model to co-develop culturally and community responsive STEM curriculum to be delivered in a hybrid model, creating digital components along with resource kits distributed to school communities. State funding would enable expansion of this model and increased digital education provided at low-to-no cost to districts across the state. As OMSI is already a trusted education partner with strong relationships, we are well positioned to provide this valuable curriculum support.

July 23, 2020

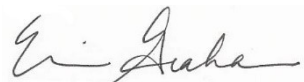
Testimony submitted to Oregon Legislature
Joint Interim Committee on Ways and Means
Subcommittee on Human Services
Page 2

OMSI has managed to continue providing essential educational services through socially distanced and digital learning opportunities, even while experiencing significant financial challenges. Typically, OMSI's earned revenue allows us to deliver our mission to advance public understanding of—and engagement with—science, technology, engineering and math. Due to the pandemic, we expect our 12-month loss to approach \$15M, and we have laid off 50% of our staff. As a 501(c)3, OMSI does not receive government funding, but relies entirely on earned and contributed revenue for our annual operations.

The financial loss is amplified by the loss of OMSI services to our statewide community. OMSI visits every county in the state to bring STEM educational experiences to rural schools and communities; we have camps on the central coast and high desert, and we partner with community-based organizations to develop programming that supports historically underserved audiences. We play a crucial role in our state's public education infrastructure. As such, we can respond to a great number of community needs with greater resources.

OMSI is a community anchor, addressing challenges in times of crisis like the ones we are experiencing now. The continued hardships we expect to face in the months ahead underscore the need for economic relief. And so we respectfully request CARES Act financial support be provided not only to OMSI, but to our fellow non-profit cultural organizations serving communities across the state. Our work is critical to the future, helping to engage, inspire, and increase public understanding of the science that underpins successful responses to crises such as pandemics. Together, let's ensure that our state stands strong on the other side of this crisis, and we educate the scientists who will prepare for and prevent the next pandemic.

Sincerely.



Erin Graham
President and CEO



July 22, 2020

To: Co-Chair Senator Beyer
Co-Chair Representative Nosse
Members of the Joint Interim Committee On Ways and Means
Subcommittee on Human Services

From: Katie Rose, Chair, Oregon Developmental Disabilities Coalition

RE: Proposed reductions to services to people intellectual and developmental disabilities

Dear Senator Beyer, Representative Nosse, and members of the committee:

My name is Katie Rose, and I am the Chair of the Oregon Developmental Disabilities Coalition. The DD Coalition is a group of approximately 40 organizations and individuals across Oregon that advocate for and promote quality services, equality, and community integration for Oregonians with intellectual and developmental disabilities (IDD) and their families. Our members represent advocacy groups (including self-advocacy organizations), family peer supports, DD residential providers, DD supported employment providers, and Support Services Brokerages.

We come together to advocate for the values outlined in ORS 427.007: to support people with IDD to exercise self-determination, living and working in the most integrated community settings, and providing services for families to raise their children at home.

We appreciate the difficult budget decisions before you, and we offer a few principles, based on our values, to guide you in your process. These principles also illustrate why we believe the total elimination of the family to family networks and the family support programs do not have a place on the cuts list.

Principles to guide decision-making in times of tight budgets:

Maintain services designed to keep people out of more expensive services, settings, or crisis.

Family networks and family support programs are specifically designed to meet the needs of families where they are to avoid crisis or more expensive services.



Preserve services that maintain the IDD system values in Oregon law.

Family networks and family support are some of the services Oregon uses to fulfill its mandate in Oregon law to provide services to families so they can raise their children with disabilities at home.

Avoid total elimination of programs or services.

Eliminating the second year of funding for family networks and family support will eliminate these programs, which should be avoided

Strategically use General Fund-only programs to cover gaps in the system and allow us to respond nimbly to urgent needs.

The vast majority of DD services bring in federal match to help the costs. However, a few programs do not, and they serve an important purpose in our service system.

1. General fund programs often have more flexibility in design and services because they are not under the Medicaid rules. Also, most general fund programs provide services to people who are not Medicaid eligible, or they provide necessary, cost-effective services that are not possible under Medicaid.
2. Federally-matched program cuts result in the loss of approximately two dollars of Federal money for every General Fund dollar cut. Cutting one matched dollar is really cutting three dollars from the DD system. We also value the preservation of this funding.

Our remaining two principles are equally important, but less germane to the reductions currently under discussion:

- Maintain a qualified, professional workforce educated in the support needs of people with IDD to exercise self-determination and be a member of their communities.
- If possible, delay program implementation or expansion projects instead of reducing current services.

To preserve these vital programs, we ask that you make use of DHS FMAP savings, much of which was brought into the state budget by the continued work of the IDD service system.

Thank you for your leadership in making prudent and necessary reductions to our budget. We appreciate the difficulty of these decisions, and that many of your reductions already align with our principles.

Thank you.

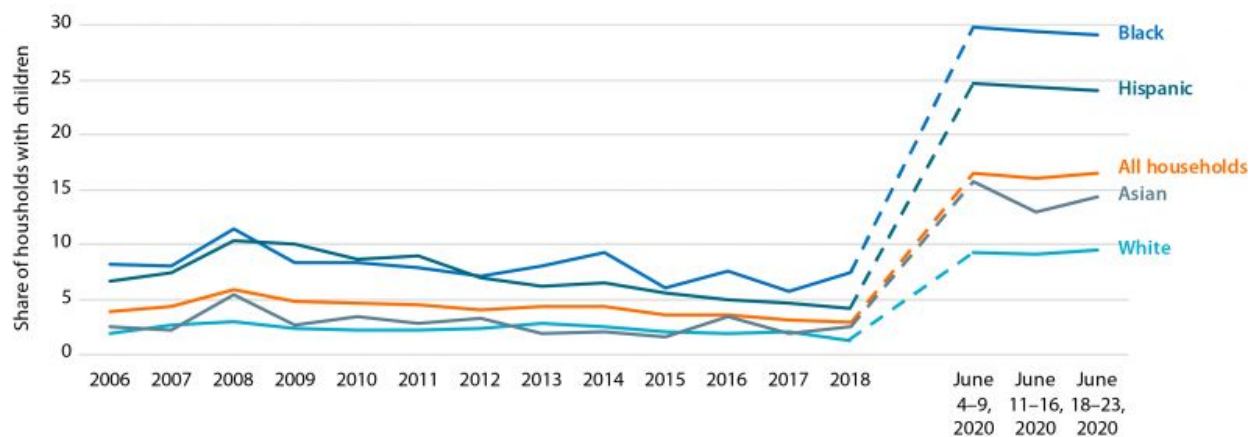
TO: Joint Ways and Means Subcommittee on Education
 FROM: Matt Newell-Ching, Public Policy Manager, Oregon Food Bank
 RE: Statement and Recommendations on Budget Proposal
 DATE: July 23, 2020



We must meet the moment by centering the realities of Oregonians during this crisis. Oregon's budget needs to be modified to meet the current realities. And the realities are that our communities are hurting. Our task is to lead our state through this public health and economic crisis so that we may emerge stronger on the other side.

- Food insecurity in Oregon has doubled since the beginning of the pandemic, according to Oregon State University.
- Over 120,000 additional Oregonians received SNAP in June compared to February. Requests for food in our network of 1,400 emergency food agencies has increased significantly.
- Black, Indigenous, people of color, women, immigrants and low-wage workers have borne the brunt of the crises, as is always the case. Nationwide, the percentage of children experiencing food insecurity has increased five-fold since 2018, and is nearly triple the rate during the peak of the Great Recession. A recent analysis by the Hamilton Project and Brookings reveal that racial disparities in child food insecurity - significant prior to COVID - are widening at alarming rates due systemic racism:

FIGURE 1.
 Share of Households with Children in which the Children Are Food Insecure by Race/Ethnicity, 2006–20



Source: Census Household Pulse Survey 2020 (Waves 6-8); Current Population Survey Food Security Supplement 2006-18; author's calculations.
 Note: Surveys have been weighted to be representative of households with children, overall and by race/ethnicity. In the CHHPS (2020 datapoint), respondents were asked "Please indicate whether the next statement was often true, sometimes true, or never true in the last 7 days for the children living in your household who are under 18 years old. 'The children were not eating enough because we just couldn't afford enough food.'" In the FSS, respondents were asked "Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 12 months for (your child/children living in the household who are under 18 years old). '(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food.' Was that often, sometimes, or never true for (you/your household) in the last 12 months?" Food insecurity statistics for race/ethnicities not shown were imprecisely measured.



**Oregon Food Bank
 Headquarters /
 Metro Services**
 7900 NE 33rd Drive
 Portland, OR 97211
 503-282-0555

**Oregon Food Bank
 Washington County
 Services**
 1870 NW 173rd Ave
 Beaverton, OR 97006
 503-439-6510

**Oregon Food Bank
 Tillamook County
 Services**
 PO Box 1344
 Tillamook, OR 97141
 503-842-3154

**Oregon Food Bank
 Southeast Oregon
 Services**
 773 S Oregon Street
 Ontario, OR 97914
 541-889-9206

**Columbia Gorge
 Food Bank**
 3610 Crates Way
 The Dalles, OR 97058
 541-370-2333



Recommendations

Start with the critical needs of our communities. Then work backwards.

We fundamentally reject the notion that the primary way to balance Oregon's budget should be through cuts, many of which will fall on the backs of Oregonians facing food insecurity, housing insecurity, and who face a long road back to full-time employment because of the impacts of COVID. Instead, we need to start by centering the realities Oregonians are facing, and ask ourselves how we can stand together to meet each other's needs. To do that, we believe Oregon's budget should start with the following principles:

- **Maximize the impact of anticipated federal stimulus.** As of this hearing, the details of that stimulus are not yet known. We are advocating for it to contain robust assistance for people experiencing unemployment and food insecurity, people excluded from prior forms of assistance, people who face critical caregiving and sick needs, and aid directly to states. It is frankly impossible at this juncture for us to tell the legislature specifically how to best meet gaps in need when we don't yet know what will and will not be part of that package.
- **Use reserves prudently.** To put it mildly, we are at the beginning of the rainy day for which we have been saving. We should allocate reserves during this rebalance as well as during future rebalances. We believe using funds from the Education Stabilization Fund in this budget is a good start.
- **Re-imagine systems.** We applaud the legislature for taking first steps to address mass incarceration in this budget, a practice that is both a root cause of hunger and that perpetuates systemic racism. We look forward to seeing the results of additional conversations aimed at re-imagining public safety and re-investing in human needs.
- **Consider revenue options from Oregonians who continue to do well.** Most major crisis in our nation's history called for a shared sense of sacrifice to meet the challenges of the moment. An unprecedented number of Oregonians are hurting and will need help to get through these uncertain times. We believe asking for additional revenue from those who continue to do well is appropriate at this time in order to meet critical needs.
- **Analyze the Racial and Equity Impacts of Proposed Cuts.** We must be attuned to this historic uprising for racial justice. **We insist that proposals to cut programs be analyzed using a racial equity impact analysis.** It is a moral imperative that we not balance this budget on the backs of Oregonians who faced disparities to begin with. Decisions must be made with transparency about potential disparate harm of budget cuts.

Comments on Specific Areas

Education Budget

- **Ensuring access to school meal replacements amid uncertainty of in-person schools.** We hope to see increased federal options to continue to allow Oregon to issue money for groceries instead of school meals (when in-person school isn't possible), and to



continue meal pickup sites for families that are able to pick up meals. We must also ensure that students eligible for school meals at no charge through the SSA will also have the same options. We will be able to advise on this more specifically upon agreement of a federal stimulus.

- **(28) Farm to School and School Gardens.** This funding is critical to the state's economic stability, our farmers' livelihoods, and student's well-being. It's more important than ever in the face of the COVID-19 pandemic. Farm to school sales are critical for economic development, and school gardens are a perfect outdoor social distancing educational model as students return to school in the fall.
- **(46) Oregon Promise Program** - Oregon Promise provides critical tuition assistance for Oregonians with low incomes attending community colleges. With record numbers of Oregonians out of work and needing assistance gaining new skills, this deserves to be continued.
- **(50) OSU Extension Service** - OSU extension provides critical support to our communities and should be preserved. Examples of the impact of OSU Extension's work include:
 - Supporting the long-term success of Black, Indigenous, and People of Color (BIPOC) farmers and food justice organizations
 - SNAP nutrition education
 - Support to direct market producers and local/community-based food systems

Human Services Budget

- **Food Assistance Gaps** - It will be critical to understand the details of the next federal stimulus in order to provide meaningful input into what the most effective forms of food assistance the state will need to invest in.
- **(129) TANF Pilots for housing stabilization and Education and Training.** This would eliminate both pilots at a time when need for housing stabilization is unprecedented, and the need for education and training is critical as major shifts in the labor market are occurring due to COVID.

Other Budget Considerations

- **Addressing potential gaps in next stimulus.** Prior iterations of federal stimulus excluded aid such as UI and direct payments to many Oregonians, including Oregonians who are immigrants. Oregon should ensure we are in a position to address future unmet needs prioritizing equitable outcomes.
- **Replenishing the Emergency Board.** We believe it would be wise to replenish the Emergency Board funds for a range of unknowable needs, ranging from fire season to food security.



TO: Joint Ways and Means Subcommittee on Human Services
FROM: Matt Newell-Ching, Public Policy Manager, Oregon Food Bank
RE: Statement and Recommendations on Budget Proposal
DATE: July 23, 2020

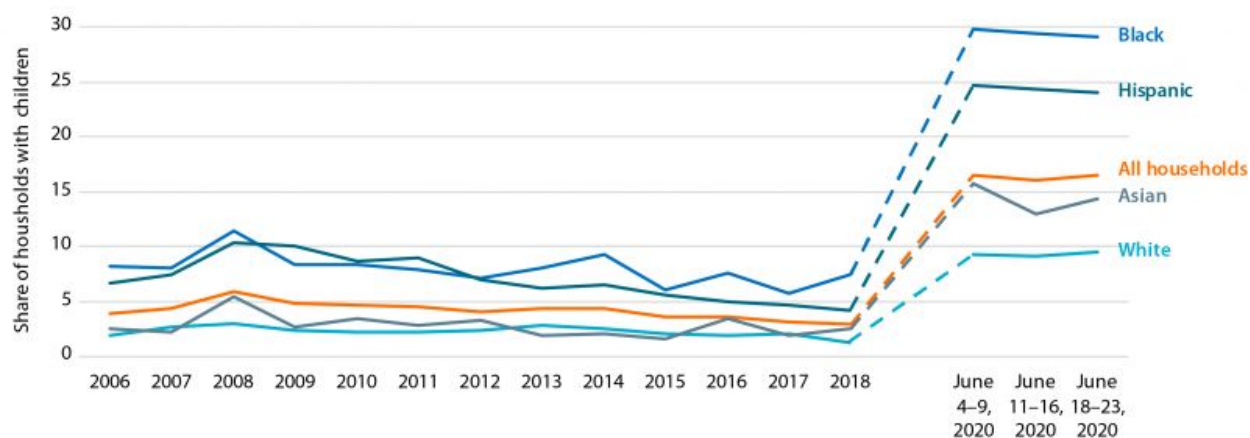


We must meet the moment by centering the realities of Oregonians during this crisis. Oregon's budget needs to be modified to meet the current realities. And the realities are that our communities are hurting.

- Food insecurity in Oregon has doubled since the beginning of the pandemic, according to Oregon State University¹.
- More than 120,000 additional Oregonians received SNAP in June compared to February². Requests for food in our network of 1,400 emergency food agencies has increased significantly.
- Black, Indigenous, people of color, women, immigrants and low-wage workers have borne the brunt of the crises, as is always the case. Nationwide, the percentage of children experiencing food insecurity has increased five-fold since 2018, and is nearly triple the rate during the peak of the Great Recession³. A recent analysis by the Hamilton Project and Brookings reveal that racial disparities in child food insecurity - significant prior to COVID - are widening at alarming rates due to systemic racism:

FIGURE 1.

Share of Households with Children in which the Children Are Food Insecure by Race/Ethnicity, 2006–20



Source: Census Household Pulse Survey 2020 (Waves 6-8); Current Population Survey Food Security Supplement 2006-18; author's calculations.

Note: Surveys have been weighted to be representative of households with children, overall and by race/ethnicity. In the CHHPS (2020 datapoint), respondents were asked "Please indicate whether the next statement was often true, sometimes true, or never true in the last 7 days for the children living in your household who are under 18 years old. 'The children were not eating enough because we just couldn't afford enough food.'" In the FSS, respondents were asked "Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 12 months for (your child/children living in the household who are under 18 years old). '(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food.' Was that often, sometimes, or never true for (you/your household) in the last 12 months?" Food insecurity statistics for race/ethnicities not shown were imprecisely measured.

HAMILTON
PROJECT
BROOKINGS

¹ <https://olis.leg.state.or.us/liz/201911/Downloads/CommitteeMeetingDocument/222368>

² <https://www.oregon.gov/dhs/assistance/pages/data.aspx>

³ https://www.hamiltonproject.org/blog/about_14_million_children_in_the_us_are_not_getting_enough_to_eat

Recommendations

Our task is to lead our state through this public health and economic crisis so that we may all emerge stronger on the other side.

Start with the critical needs of our communities, then work backwards.

We fundamentally reject the notion that the primary way to balance Oregon's budget should be through cuts — many of which will fall on the backs of Oregonians already faced with food and housing insecurity. These same Oregonians will face a long road back to full-time employment due to the impacts of COVID-19. Instead, we must center the realities of Oregonians and ask ourselves how we can stand together to meet each other's needs. To do that, we believe Oregon's budget should start with the following principles:

- **Maximize the impact of anticipated federal stimulus.** As of this hearing, the details of that stimulus are unknown. We are advocating that it contain robust assistance for people experiencing unemployment and food insecurity, people excluded from prior forms of assistance and people who face critical caregiving and sick needs. We are also calling for aid to be sent directly to states. Given the current unknowns in the makeup of a stimulus package, it is frankly impossible at this juncture for us to tell the legislature specifically how to best meet gaps in need.
- **Use reserves prudently.** To put it mildly, we are at the beginning of the rainy day for which we have been saving. We should allocate reserves during this rebalance as well as during future rebalances. We believe using funds from the Education Stabilization Fund in this budget is a good start.
- **Re-imagine systems.** We applaud the legislature for taking first steps to address mass incarceration in this budget, a practice that both serves as a root cause of hunger and perpetuates systemic racism. We look forward to seeing the results of additional conversations aimed at re-imagining public safety and re-investing in human needs.
- **Consider revenue options from Oregonians who continue to do well.** Most major crises in our nation's history called for a shared sense of sacrifice to meet the challenges of the moment. An unprecedented number of Oregonians are hurting and will need equally nuanced support to get through these uncertain times. We believe asking for additional revenue from those who continue to do well is appropriate at this time in order to meet critical needs.
- **Analyze the racial and equity impacts of proposed cuts.** We must be attune to this historic uprising for racial justice. **We insist that proposals to cut programs be analyzed using a racial equity impact analysis.** It is a moral imperative that we not balance this budget on the backs of Oregonians who already faced disparities. Decisions must be made with transparency about potential disparate harm of budget cuts.

Comments on Specific Areas

Education Budget

- **Ensure continued access to school meal replacements amid uncertainty of in-person schooling** We hope to see increased federal options that would continue to allow Oregon to issue money for groceries instead of school meals (when in-person school isn't possible), and to continue meal pickup sites for families that are able to pick up meals. We must also ensure that students eligible for school meals at no charge through the SSA will also have the same options. We will be able to advise on this more specifically upon agreement of a federal stimulus.
- **Farm to School and School Gardens (#28)** - This funding is critical to the state's economic stability, our farmers' livelihoods and student's well-being. It's more important than ever in the face of the COVID-19 pandemic. Farm to school sales are critical for economic development, and school gardens are a perfect outdoor social distancing educational model as students return to school in the fall.
- **Oregon Promise Program (#46)** - Oregon Promise provides critical tuition assistance for low-income Oregonians attending community colleges. With record numbers of Oregonians out of work and needing assistance gaining new skills, this warrants continuation.
- **OSU Extension Service (#50)** - OSU extension provides critical support to our communities and merits preservation. Examples of the impact of OSU Extension's work include:
 - Supporting the long-term success of Black, Indigenous, and People of Color (BIPOC) farmers and food justice organizations
 - SNAP nutrition education
 - Support to direct market producers and local/community-based food systems

Human Services Budget

- **Food Assistance Gaps** - It will be critical to understand the details of the next federal stimulus in order to provide meaningful input into what the most effective forms of food assistance the state will need to invest in.
- **TANF Pilots for housing stabilization and Education and Training (#129)** - This would eliminate both pilots at a time when the need for housing stabilization is unprecedented, and the need for education and training is critical as COVID-19 causes major shifts in the labor market.

Other Budget Considerations

- **Addressing potential gaps in the next stimulus** - Prior iterations of federal stimulus excluded aid such as UI and direct payments to many Oregonians, including immigrants. Oregon must ensure we are in a position to address future unmet needs, prioritizing equitable outcomes.
- **Replenishing the Emergency Board** - We believe it would be wise to replenish the Emergency Board funds for a range of unknowable needs, ranging from fire season to food security.



PeaceHealth
Sacred Heart Medical Center

Co-Chairs Beyer and Nosse
Ways and Means Subcommittee on Human Services
900 Court St.
Salem, OR 97301

RE: Opposition to Proposed Cuts to the Oregon Guardianship Program

Co-Chairs Beyer and Nosse, and Members of the Ways and Means Subcommittee on Human Services,

PeaceHealth Sacred Heart Medical Centers at RiverBend and University District are critical points of access for health care services in Lane County. We provide comprehensive and compassionate medical services to patients from a broad geographical area, including those who need advanced care, such as trauma care, neonatal intensive care, neurosurgery, comprehensive cardiovascular services and more. Behavioral health needs are a constantly underfunded priority in Lane County and statewide. Any cuts to behavioral healthcare in Oregon will have an immediate and drastic impact on patients.

PeaceHealth relies heavily upon the guardianship services Oregon provides to assist patients transitioning through the health system and navigating government programs to meet their basic needs such as obtaining placement in care facilities. Without these services patients often languish while unfairly being boarded in emergency rooms or on hospital medical units for months on end. Cutting the modest investments in guardianship will only exacerbate these situations. We need to find ways to dedicate more funding, not less.

PeaceHealth strongly opposes the cuts to behavioral health services proposed in the 2020-2021 budget rebalance. These programs directly support the most vulnerable Oregonians. We are committed to continue to work with you to develop creative solutions to fully fund the state's guardianship program.

Sincerely,

Alicia Beymer, MBA, CPHRM, CPHQ

PeaceHealth Sacred Heart University District, Vice President of Operations



WASHINGTON COUNTY OREGON

July 27, 2020

To Ways and Means Human Services Subcommittee:

As members of the Aging and Veteran Services Advisory Council and residents of Washington County, we are deeply concerned by cuts being proposed that directly impact older adults and people with disabilities. We ask you to restore the state allocation for senior mental health programs, Older Americans Act program support and workload-based field staff enhancement to meet the increasing needs of our community.

Older adults and people with disabilities must be a priority for Legislators. This population has felt the effects of the pandemic outbreak of COVID at a heightened level. They are most vulnerable to the virus and have had to shelter at home as well as manage the immediate impacts and changes in long term systems and supports.

Proposed reductions in programs that are directly meeting the daily living needs of older adults and people with disabilities jeopardizes their physical and mental health and quality of life. Social isolation has been linked to negative health outcomes, including a 29% increased risk of heart disease and a 32% increased risk of stroke; higher rates of depression, anxiety, and suicide; and among heart failure patients, loneliness was associated with a nearly four times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits (www.cdc.gov).

The Program to Encourage Active and Rewarding Lifestyle (PEARLS), provided in Washington County by Asian Health and Service Center and Jewish Child and Family Services is made possible through the mental health funds currently slated for cuts. The program was designed to reach clients who are isolated and otherwise may not have access to mental health services and providers quickly and easily converted to a virtual model.

Clients are facing the most significant period of isolation in their entire lives and access to mental health services is critical.

Budgets should not be balanced on the backs of older adults and people with disabilities. Investments and stable funding for older adults and people with disabilities result in a better quality of life and overall lower costs in healthcare and long-term services and supports for the state.

Thank you for your consideration,

*Bob Ludlum
Chris Kempton
Christine Wiley
Elaine Wells
Erin Miller
Gary O'Neal*

*Karen O'Donnell
Kimberly Goddard
Matthew McKean
Robert Newton
Seferina Deleon Dale
Yaroslav Kucheryavenko*

Aging & Veteran Services Advisory Council
Department of Health and Human Services — Disability, Aging and Veteran Services (DAVS)
Mailing Address: 155 N First Avenue, MS-44, Hillsboro, OR 97124-3072
Physical Address: 5240 NE Elam Young Parkway, Suite 300, Hillsboro, OR 97124
Phone: 503-846-3060 • Aging Fax: 503-846-3065 • Veteran Fax: 503-846-3059
www.co.washington.or.us/HHS/DAVS

ADRC
Aging and Disability
Resource Connection
of OREGON
1-855-673-2372
www.ADRCoOregon.org

From:
To: [JWMHS Exhibits: Rep Stark](#)
Subject: FUND PEARLS/Senior Services programs
Date: Sunday, July 26, 2020 10:17:45 PM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

My daughter, a psychotherapist in Ashland, Oregon, was a PEARLS counselor for a year as a mental health provider with Senior Services at Rogue Valley Council of Governments in Jackson County. She worked with several isolated older adults suffering from debilitating depression. In the course of working with them under the PEARLS model, She saw her clients find their resilience to increase their physical activity, develop social contacts, and rediscover a sense of pleasure and meaning in their lives that was sustained after counseling ended. COVID imposes more isolation on seniors, making PEARLS an important program to retain and enhance if we care about helping this community sustain itself during this crisis.

ABOUT PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,
Mickey Boersma

mboersma@centurylink.net
541-765-2474
Sent from Mickey's iPad

From:
To: [JWMHS Exhibits](#)
Cc: [Rep Stark](#)
Subject: FUND PEARLS/Senior Services programs
Date: Saturday, July 25, 2020 3:25:45 PM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Cindy Boersma, and I am a psychotherapist in Ashland, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I had the privilege of serving as a PEARLS counselor for a year as a mental health provider with Senior Services at Rogue Valley Council of Governments in Jackson County. I worked with several isolated older adults suffering from debilitating depression. In the course of working with them under the PEARLS model, I saw my clients find their resilience to increase their physical activity, develop social contacts, and rediscover a sense of pleasure and meaning in their lives that was sustained after counseling ended. This was one of the most rewarding professional experiences. COVID imposes more isolation on seniors, making PEARLS an important program to retain and enhance if we care about helping this community sustain itself during this crisis.

ABOUT PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Cindy Boersma

From:
To: [JWMHS Exhibits](#)
Subject: PEARLES Services
Date: Monday, July 27, 2020 4:48:18 PM

Dear Senator Burdick, Representative NOSSE and other members of the Joint Ways and Means Committee on Human Services

My name is Trudy Mills and I am currently an active participant as a client in the PEARLES program in Grants Pass Oregon. I am writing to urge you to retain funding for the PEARLES program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities MUST be a priority for legislators. This population of Oregonians has felt the effects of Covid at a heightened level, and are most vulnerable to the social consequences of this virus.

Proposed cuts in program that are directly meeting the needs of these individuals jeopardize their physical and mental health ability to remain independent and maintain an improved quality of life that was developed by the University of Washington to help older adults experiencing social isolation and depression. It was assessed as clinically significant.

During Covid, PEARLES counselors have often been the only person who participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLES counselors teach older adults how to be more active physically and socially. Also very importantly how to solve their problems which often feel impossible and overwhelming. Just as valuable, PEARLES counselors provide encouragement, connection and hope; all keys to older adults feeling less depressed and isolated.

Senior and Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall into a gap in services without it. PEARLES is wholly dependent on funding through Oregon's General Fund.

I appreciate how difficult your job is at this time but I strongly urge you to consider the consequences to seniors' mental health when making decisions.

Please preserve PEARLES and reject the proposed cuts.

Thank you very much for your consideration,

Trudy Mills

Sent from my iPhone

Sent from my iPhone

From:
To: [JWMHS Exhibits](#)
Subject: PEARLs Funding
Date: Monday, July 27, 2020 10:03:42 AM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Sonya Chamberlain, and I am the Outreach Coordinator for Food & Friends in Jackson County, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

At Food & Friends we serve people who not only have difficulty due to age related physical/memory issues but those that find it hard to leave their home, prepare meals and function daily because of mental illness, depression and other behavioral disorders. I see and speak to these people regularly and often make referrals to the PEARLs program because I hear the positive responses from other clients who have participated in it. What I like about PEARLs is how they focus on ways to approach problems and assist clients with solid plans for moving forward with hope. PEARLs gives people tools to use throughout their lives after the therapist has gone.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLs counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation

challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Sonya Chamberlain

From:
To: [JWMHS Exhibits](#)
Cc: [Rep Stark](#)
Subject: Pearls Program
Date: Monday, July 27, 2020 2:55:34 PM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Rachael Zeitler and I am a Community Resource Coordinator with Asante in Medford and Ashland, OR. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I have had multiple elderly clients who have utilized the Pearls Program in the past who for a variety of reasons haven't found other BH facilities in the area useful (ie, Options, Columbia Care, Jackson County Mental Health, etc). However, in their experiences that they have shared with me that they had or have found support for counseling through the Pearls counselors much more beneficial for their mental health. Elderly people who need this as a resource shouldn't have to lose the only support they have during COVID-19; where all resources and budgets are tapped, AND when they are already at a high risk and not socializing if they could. I urge you to reconsider this as this program supports a vital population in our community.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Rachael Zeitler

Rachael Zeitler | Asante Physician Partners Ashland/Talent | Community Resource
Coordinator |
Family Medicine 1 201-4930 | Family Medicine 2 789-8200 | Internal Medicine 201-4800 |
Family Medicine Talent 201-4900 | rachael.zeitler@asante.org



EXCELLENCE | RESPECT | HONESTY | SERVICE | TEAMWORK

"Spread love everywhere you go. Let no one come to you without leaving happier." -Mother Teresa

From:
To: [JWMHS Exhibits](#)
Subject: Pearls Program
Date: Monday, July 27, 2020 7:45:06 AM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Laura Ulloa, and I am a Behavioral Health Consultant in Medford, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I personally have referred many of the patients I work with to this program and have found it invaluable. So many of our most vulnerable population are unable to leave their homes to obtain the support they need. Now, in light of COVID-19, I believe this program is needed more than ever. The increased isolation, depression and need for connection has grown exponentially. Not only does the Pearls Program provide support for mental health, but by being able to connect with patients in their home or community environment, they are often able to identify other needs, such as housing, food, medical and transportation. As a Behavioral Health Consultant, I see how mental health and physical health are tied together. In the long run, Pearls can assist in helping reduce the overall cost on the health system by identifying needs for intervention before they rise to the crisis level.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund.

I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and

reject the proposed cuts.

Thank you for your consideration,

Laura Ulloa, MSW, LCSW (formerly Maitrejean)

Behavioral Health Consultant

 ASANTE Physician Partners

Family Medicine: Black Oak | Medford OR

Main: 541-789-8000 Fax: 541-789-8225

Excellence - Respect - Honesty - Service - Teamwork

From:
To: [JWMHS Exhibits; Rep Stark](#)
Subject: PEARLS Program funding support
Date: Monday, July 27, 2020 2:04:59 PM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Monique Clark, and I am a Service Coordinator in 7 different programs in Jackson and Josephine Counties, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I have personally referred many clients to this program and it has made such a difference in the lives of the older adults who cannot navigate the mental health system or don't meet the criteria for services. The PEARLS program has, in one case in particular, been the only thing that helped my client stay in her home instead of winding up in placement due to failure to thrive due to depression. That quality of life cannot be measured in dollars and cents. With the lack of comprehensive services that a metropolitan area can provide, it is programs like PEARLS that fill the gap and help people when and where they need it most.

PEARLS

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The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please

preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Monique Clark

From:
To: [JWMHS Exhibits](#)
Subject: Pearls program
Date: Friday, July 24, 2020 9:21:31 PM

Good evening, I am writing regarding the importance of continued funding for the Pearls program. I am a home health Registered Nurse and on the front lines of caring for vulnerable elderly adults in their home. The Pearls program has been a lifeline for many of my patients. The need for late life depression programs has only increased since Covid 19 began. Adults living on their own or even in communities are experiencing increased isolation and depression.

Please consider continuing funding to this vital program.

Thank you,

Alicia Martinez, RN

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From:
To: [JWMHS Exhibits](#)
Subject: PEARLS
Date: Saturday, July 25, 2020 6:15:04 AM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Dr. Mercedes Dickinson, and I am a clinical neuropsychologist in Medford, Oregon. I am writing to urge you to retain funding for the PEARLS Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I have personally seen in my work as a health provider the negative effects social isolation has had on older adults with increased rates of anxiety, depression, and suicidal ideation. During this time of the COVID pandemic, this has increased exponentially. I have also had the pleasure of seeing improved mental health in patients I refer to the PEARLS program. My patients often tell me that they are grateful for the service. I regularly refer my elderly patients to this program as I believe it is vitally important in providing services to a population that would otherwise have very limited access to mental health care.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Mercedes Dickinson, PhD, ABPP-CN

From:
To: [JWMHS Exhibits](#); [Rep Stark](#)
Cc:
Subject: Request to Retain Funding for the PEARLS Program
Date: Sunday, July 26, 2020 9:50:32 PM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Louie Goldberg, and I am a clinical social worker in private practice in Medford, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I am familiar with the PEARLS program through the supervision I provide to Susan Jay Rounds, an MSW who is pursuing her clinical social work licensure and who is greatly involved in PEARLS providing mental health services for vulnerable elderly low income seniors in our area. I am greatly aware of the lack of mental health services for this population and the extreme need for these services. I am also aware of the benefits provided by the PEARLS program and have referred clients to this program personally and it would be a great loss to lose it.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental

health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Louie Ann Goldberg, LCSW

From:
To: [JWMHS Exhibits](#)
Subject: SUPPORT PEARLS PROGRAM
Date: Monday, July 27, 2020 10:57:38 AM

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Stephen J. Brummett, and I am a Licensed Clinical Social Worker in Medford, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I became a professional colleague of PEARLS staff three years ago. As a Medicare provider, I became aware of the immense impact the program has on older folks. Many are poor, ill, alone. PEARLS provides hope through networking to access services few seniors and their families are aware of. Further, a greater number of our older citizens are living with and cared for by family members. This represents increased complications and risks. PEARLS provides families information and opportunity to improve care. Finally, PEARLS has been there for seniors locked down in assisted living environments and in their homes during the Coronavirus pandemic by providing emotional/psychological support, referrals for assistance, and ongoing risk evaluation. Older citizens need more PEARLS not less.

PEARLS

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Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford copays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall into a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Stephen J. Brummett, L.C.S.W.

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Maig Tinnin and I work at Senior and Disability Services in Central Point. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I have worked closely with the PEARLS program over the last two years and have seen firsthand how their work is benefiting our senior clients, filling gaps in the MH access issues for older adults, and is truly addressing older adult issues early on to prevent more intensive and costly state interventions.

The barriers for seniors to access MH services are significant. This is due to gaps in Medicare funding for counseling, a shortage of providers that accept Medicare, financial difficulties, and transportation shortages in our rural area. Many of the individuals PEARLS counselors support would otherwise not have access to counseling for their depression and anxiety symptoms, and we know those issues gone untreated lead to increases in physical health symptoms as well as suicide of which seniors make up a large demographic.

Not only have I seen incredibly successful results from the PEARLS program with specific clients, I have also seen the ways our two PEARLS staff are a benefit to the community by assisting those who don't qualify towards possible community-based counselors and assisting community partners in navigating the complex MH service system. I have personally witnessed several cases where individuals would have likely ended up with very dire outcomes had not been for PEARLS intervention and support.

Through the time of COVID the PEARLS staff have adjusted quickly and thoughtfully to address the growing issue of older adult social isolation. This issue is only going to increase in the fall and winter and if we lose PEARLS funding there will be even less support for so many vulnerable seniors during this pandemic.

ABOUT PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS

counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Maig Tinnin

Service Coordinator at Senior & Disability Services RVCOG

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Lonny Mayeda, and I am a the facilitator for the AgeWise Age Well Senior Peer Counseling Volunteer Program in Jackson Count, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

We often follow up with seniors after they have been seen by PEARLS. There is so little mental health counseling for Seniors in this area. It seems that once you turn 65 you no longer have emotional problems. It is thought that Medicare takes care of the mental health needs of the elderly, but counseling services to the elderly are simply not available when your insurance is Medicare. Programs like PEARLS and our volunteer program barely scratch the surface. With Covid 19 seriniors have become even more isolated and depressed. Please help.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

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Thank you for your consideration,

Lonny Mayeda, LCSW

Facilitator, Age Wise Age Well – a totally volunteer peer counseling program with the Community Volunteer Network

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Sue Casavan and I am currently a family caregiver in Talent, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I was outreach coordinator for the program 2016 through 2018 at RVCOG. I received numerous referrals from the medical and senior services staff and also the public in general. In my time at this position all feedback I received from clients was positive. The program served male and female clients and it is noteworthy that male clients also gave very positive feedback. We know men of this age have also been dealing with depression and isolation and found the program very helpful.

PEARLS

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During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

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Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Sue Casavan, Talent, Oregon

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is RoseAnna Shannon, and I am a Resource Coordinator for Asante Physician Partners in Medford, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

PEARLS has been able to support so many of senior patients who are experiencing depression. We have many seniors who have difficulties getting around, PEARLS has alleviated that barrier by providing in-home support to individuals. In addition, many seniors go without managing their depression do to cost of co-pays and fall into a gap of service. PEARLS has empowered and supported our senior patients to take action and live the best quality life they can. Some changes I have seen in our patients include managing their medications appropriately, getting out to exercise, increased socialization and overall proactively managing their health again.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

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Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

RoseAnna Shannon, Resource Coordinator

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Susan Jay Rounds. I am a social worker and the coordinator of the PEARLS program at Senior and Disability Services at the Rogue Valley Council of Governments in Central Point, Oregon.

I am writing to urge you to retain funding for the PEARLS Program, an evidence base, brief behavioral health program for seniors and people with disabilities who have depression. PEARLS is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

Seniors and adults with disabilities in the PEARLS program are experiencing an unprecedented level of social isolation, and higher levels of depression, anxiety, grief, anger, loneliness, helplessness, and mild cognitive impairment, combined with serious chronic health conditions. The pandemic has escalated the depression, anxiety and isolation participants were experiencing before COVID, due to their compromised health, limited mobility, social isolation, family estrangement, numerous losses – emotional, physical, and financial.

Social isolation places seniors at much higher risk for depression, anxiety, suicide, dementia, hospitalization and death, and is associated with an estimated 50% increased risk in dementia, a 32% increased risk for stroke, and among patients with heart failure, a 68% increased risk of hospitalizations.

Importantly, PEARLS serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without PEARLS. When our participants can afford the copay, most counselors who accept Medicare in our area are closed to new patients. When surveyed, many local counselors accepting Medicare payments, said they had little geriatric counseling experience.

Our PEARLS program also contracts with a psychiatrist for clinical consultations. By writing letters of recommendation to the PEARLS participant's primary care physician, our psychiatrist helped one participant find pain relief from a non-addictive medication, and helped another participant remain on her doctor's prescribed dosage of anti-depressants, after her health insurance plan tried to reduce the dosage.

Susan Hanson of Grants Pass is a current PEARLS participant. Since she began the PEARLS program, her depression has decreased by 85%, based on using the Patient Health Questionnaire form.

At age 72, Susan has been living with Parkinson's disease for the past several years. She lives with her partner, who had a stroke several years ago. She has tremors strong enough to wake her up in the

middle of the night, and keep her awake until morning, even though she is taking a high dose of medication for Parkinson's. She experiences weakness in her arms and legs, is assisted by others while walking, and worries about Parkinson's related dementia.

She screened in with major depression in February 2020. During her PEARLS sessions, she became motivated to walk outside with assistance, journal about the challenges and stresses of her day, and to advocate for herself with her neurologist.

After COVID began and during her PEARLS sessions, Susan practiced problem-solving strategies for how to maintain a safe distance and wear a mask in different social situations, how to assess safe and unsafe social situations during COVID, and how to communicate more with family via phone.

Susan said, "I don't have anyone else to talk to, except my PEARLS counselor, who understands what I am going through and who has the experience and knowledge to help me with my symptoms of depression and anxiety."

PEARLS

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During COVID, PEARLS counselors have often been the only person participants are talking to about their depression, trauma and anxiety during this immense period of social isolation and uncertainty.

PEARLS counselors teach older adults how to be more active physically and socially, and how to solve their problems, which often feel impossible and overwhelming. Just as valuable, PEARLS counselors provide encouragement, connection and hope, all key to older adults feeling less depressed and socially isolated.

Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions.

Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

***Susan Jay Rounds, CSWA
PEARLS Coordinator
Senior & Disability Services
Rogue Valley Council of Governments
155 N 1st St., Central Point, OR 97502
541-423-1363***

Dear Senator Burdick, Representative Nosse, and other members of the committee,

My name is Samantha Austin, and I am a social worker at Senior and Disability Services of Jackson County, Oregon. I am writing to urge you to retain funding for the Pearls Program which is in jeopardy in the face of state cuts to mental health. Older adults and people with disabilities must be a priority for legislators. This population has felt the effects of COVID at a heightened level, and are the most vulnerable to the virus.

Proposed cuts in programs that are directly meeting the needs of these individuals jeopardizes their physical and mental health, ability to remain independent, and quality of life.

I am a Pearls Counselor in the Pearls program. I have worked with dozens of clients, and have seen firsthand how this program has resulted in clients becoming more socially connected, more physically active, and more able to solve problems that had been overwhelming for them. The reduction in depression symptoms, the sense of connection, self-efficacy, and the resilience clients gain is even more important now in the face of a pandemic. More than ever, social isolation is effecting our seniors, and research shows this can have a profound impact on both mental and physical health.

PEARLS

The Program to Encourage Active & Rewarding Lives (PEARLS) was developed by the University of Washington to help older adults experiencing social isolation and depression.

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Senior & Disabilities Services at Rogue Valley Council of Governments delivers this program in Jackson/Josephine County. The program serves individuals on Medicare who often can't afford co-pays to traditional mental health services. Living in rural areas also presents transportation challenges, and many of our consumers would fall in to a gap in services without it. PEARLS is wholly dependent on funding through Oregon's General Fund. I appreciate how difficult your job is at this time, but I strongly urge you to consider the consequences to seniors' mental health when making decisions. Please preserve PEARLS and reject the proposed cuts.

Thank you for your consideration,

Samantha Austin, CSWA

July 26, 2020

Senator Burdick, Representative Nosse,
and other members of the committee

Dear Sirs:

My name is Jackson Dempsey, I am a psychiatrist in private practice in Medford, Oregon. I am writing at this time to urge that you retain funding for the PEARLS Program, which is in jeopardy in the face of state cuts to the mental health budget. At this time, older adults and people with disabilities face extreme challenges, and I urge that they be a priority for legislators. This population is the most vulnerable to the effects of the virus, which just adds to the many burdens that many of them experience.

I have worked with the PEARLS Program for two years. I consult with Samantha Austin and Susan J. Rounds monthly. I have referred my patients to this program. I work primarily with an older population, most of whom have Medicare. Many of them are unable to afford mental health and other treatments because of the copays involved. PEARLS provides support and counseling for individuals that have no other treatment options.

PEARLS, the Program to Encourage Active and Rewarding Lives, was developed by the University of Washington to help older adults experiencing social isolation and depression. I have seen firsthand how it can benefit members of our community. Frequently, during this pandemic, PEARLS counselors are the only real people whom their constituents see face to face. Also, they are the only ones that these people can talk to about their depression, anxiety, and prior trauma.

PEARLS counselors teach older adults how to be more active physically and socially and help them with problem-solving. I consistently see decreases in depression and anxiety in those that participate in this program.

Senior and disability services and Rogue Valley Council of Governments delivers this program in Jackson and Josephine Counties. It serves individuals on Medicare who have difficulty accessing traditional mental health services. Many of these individuals live in rural areas where transportation is a major challenge. These consumers fall into a gap in services that PEARLS has been able to fill.

Senator Burdick

July 26, 2020

Page two

I understand that your job is extremely difficult, even more so at this time with decreases in tax revenue and the cost of treating and dealing with the Coronavirus pandemic. Please preserve PEARLS and continue its funding.

Thank you for your consideration.

Sincerely,

Jackson T. Dempsey, M.D.

July 26, 2020

Representative Duane Stark

Dear Sirs:

My name is Jackson Dempsey, I am a psychiatrist in private practice in Medford, Oregon. I am writing at this time to urge that you retain funding for the PEARLS Program, which is in jeopardy in the face of state cuts to the mental health budget. At this time, older adults and people with disabilities face extreme challenges, and I urge that they be a priority for legislators. This population is the most vulnerable to the effects of the virus, which just adds on to the burden that many of them experience.

I have worked with the PEARLS Program for two years. I consult with Samantha Austin and Susan J. Rounds monthly. I have referred my patients to this program. I work primarily with an older population, most of whom have Medicare. Many of them are unable to afford mental health and other treatments because of the copays involved. PEARLS provides support and counseling for individuals that have no other treatment options.

PEARLS, the program to encourage active and rewarding lives, was developed by the University of Washington to help older adults experiencing social isolation and depression. I have seen first hand how it can benefit members of our community. Frequently, during this pandemic, PEARLS counselors are the only real people who their constituents see face to face. Also, they are the only ones that these people can talk to about their depression, anxiety, and former and prior trauma.

PEARLS counselors teach older adults how to be more active physically and socially and help them with problem-solving. I consistently see decreases in depression and anxiety in those that participate in this program.

Senior and disability services and Rogue Valley Council of Governments delivers this program in Jackson and Josephine Counties. It serves individuals on Medicare who have difficulty accessing traditional mental health services. Many of these individuals live in rural areas where transportation is a major challenge. These consumers fall into a gap in services that PEARLS has been able to fill.

Representative Duane Stark

July 26, 2020

Page two

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Thank you for your consideration.

Sincerely,

Jackson T. Dempsey, M.D.

From:
To: [JWMHS Exhibits](#)
Subject: PROTECTING OLDER AMERICANS
Date: Thursday, July 23, 2020 10:27:19 AM

TO WHOM IT MAY CONCERN

I acknowledge that balancing the State's budget is a must. I recognize that this is an extraordinarily difficult task logistically and morally. The purpose of this communication is to request you consider the needs of older adults.

Information obtained from our local Department of Aging and Veterans services is disturbing. There are options to cut

- 1- \$1.1M dollars from the Older Americans Act
- 2- \$1.4M for Senior Adult Behavioral Health programs affecting large service areas across the state
- 3- 50% of the workforce with a secondary effect of decreasing matching federal funds.

Seniors have felt the effects of COVID-19 directly and indirectly. Their mortality is higher and they suffer considerably more from the devastating effects of isolation and its impact on physical health, mental health, and independence.

Thank You for your consideration.

david.a.nardone
6714 NE Copper Beech Drive
Hillsboro, OR 97124-5094
House District #30 - Representative Sollman
Senate District #15 - Senator Riley



Public Testimony - Human Services Subcommittee of the Joint Committee on Ways and Means

Testimony of Nick Gallo, MSW
July 23, 2020 at 1 pm

Good morning Esteemed Members of the Joint Committee on Ways and Means:

Thank you for your continued attention to, and support provided to the people most in need in our community. My name is Nick Gallo, and I am the Executive Director of Youth Progress. Our organization provides young people in the juvenile justice and/or foster care systems with safe and stable housing and opportunities to grow, learn, and succeed. Going into this pandemic, we had 32 young people placed with us through DHS and OYA and today 29 remain stable in placement and well taken care of by our dedicated team of 32 staff, and through the heroic efforts of the 35 proctor foster parents who have taken on tremendous additional responsibilities during these difficult times. One moved back home with family, one secured his own apartment, and one accessed a much needed higher level of care. 66% of the youth we serve at this time are Black, Indigenous and People of color, and our staff and foster parent demographics closely mirror the diversity of the young people we serve

For the past three months, we've been a part of the active efforts made to urge you to learn from our past experience with budget cuts. In 2005 and again in 2008, the state of Oregon made deep cuts to many of the programs that served as a safety net for tens of thousands of youth. When the programs went away, these children did not disappear, rather they fell through the broken safety net and hit the ground harder. They were left without the resources, services and care that gave them the much needed supports we all need to reach our full potential.

What did that mean? Youth who could not access mental health care. Higher costs. Out of state placements, Separated families. Homelessness, and Despair. Disproportionately negatively impacting outcomes for Oregonians of Color.

Now, with the overlay of twin pandemics of Racism and Covid-19, we are seeing this play out in the streets of Portland, and in the lives of the young people who are entrusted into our care.

We can't make that mistake again. Cuts in certain areas do not equal savings. They equal higher costs. We calculate that the increase in homelessness from the cuts of the past decade in just the Runaway and Homeless Youth program will cost the state of Oregon a minimum of \$1.1 billion or more over the next two decades. We must invest deeply and holistically into what works now, and begin thinking about how to invest differently in the future.

With the Child Welfare Cuts from 2009-2014, 30% of provider beds closed, hundreds of children were placed out of state, hoteling, and lawsuits ensued. This was on the heels of amazing work being done to re-invest in families, relatives, and safely and equitably reduce the number of children in foster care.

We want to acknowledge that the budget guideline document you put out this week illustrates that you understand this dynamic. You've made it a priority to protect these critical programs. It's sound economically, and prudent to the well being of communities. These decisions will actually SAVE state and local dollars. ***Thank you!***

We'd also urge you to invest some of the federal CARES dollars on these increased areas of distress and acuity. I understand there are clear limitations to what can be funded, but what is equally important is how and where and through whom the funding goes. Invest in innovative approaches. Holistic approaches. Culturally specific and community based approaches. Cross-organizational and cross-sector approaches. Approaches grounded in and bore out of Racial equity efforts.

Your leadership is greatly appreciated. Our staff, board, and the youth who we serve appreciate it. I would like to encourage you to think big, be bold, and do what this moment in time requires of all of us as leaders, and use our state's resources to build a better future. As a lifelong Oregonian, I thank you for your time, consideration, and investment.



Thank you for helping us change the story.
Nick Gallo, MSW
Executive Director
Youth Progress

From:
To: [JWMHS Exhibits](#)
Subject: re: public testimony
Date: Friday, July 31, 2020 10:04:50 AM

Hello, I hope that this reply is not too late. In response to the proposed budget reductions, I would like to address the proposal to reduce the five positions in the REACH program at the Oregon State Hospital. First, these five staff members in the Psychology Department are direct care staff (reports that only non-direct care staff will be impacted by these reductions is FALSE). They interact with patients frequently; in addition to overseeing the REACH program, which provides incentives for patients to engage in the treatment mall (where group treatment is offered), these staff members create personalized incentive plans for patients who are not engaging in treatment (mostly due to the negative symptoms of schizophrenia). Patients earn "points" through participation in treatment, and sometimes through completing ADLs (e.g. taking showers, cleaning their rooms), that is essential for their recovery from serious mental illness. The REACH program is based on years of research that shows that a "token economy" system is effective in reducing violence and promoting recovery for individuals with serious mental illness. Eliminating this program and the psychology staff members who are involved in this program is, quite frankly, a terrible idea and a disservice to the patients at the Oregon State Hospital.

Thank you for your consideration,
Jessica

Jessica L. Murakami-Brundage, Ph.D.
Licensed Clinical Psychologist
Tree 1, Archways Program
Oregon State Hospital
2600 Center St. NE
Salem, OR 97301
Ph#: 503-947-4263



Oregon

Kate Brown, Governor

Residential Ombudsman &
Public Guardianship Advisory Board

Joseph Leykam, Chair
Adair Village
J.W. Terry, Vice-Chair
Bend

July 21, 2020

Joint Committee on Ways and Means
Oregon State Capitol
900 Court St. NE
Salem, OR 97301

Co-Chairs, Honorable Members of the Committee,

On behalf of the Residential Ombudsman and Public Guardianship Advisory Board (ROPGAB), I am writing in regards to: Ways and Means Co-Chair Principles for the Second Special Session of 2020. Under ORS 441.417, the ROPGAB is charged to advise the Governor and legislature on issues related to Long Term Care. This letter is approved by the full board.

We understand the complexity of balancing the budget given the difficult circumstances presented by the COVID19 pandemic. Older Oregonians, as well as those who experience mental health conditions and Intellectual or Developmental Disabilities (IDD) are among the most vulnerable populations to the COVID19 epidemic. Those who reside in care facilities have seen their lives changed dramatically since March. Our board advocates for the 45,000+ Oregonians who reside in care facilities.

First, we are gravely concerned about the proposed reduction of newly acquired Surveyor positions for homes licensed by the Office of Aging and People with Disabilities (APD). This 50% reduction has a significant impact on the safety and quality of life of people residing in these homes. We know from the work of volunteer certified ombudsman that residents regularly raise innumerable concerns. Surveyor visits give regulatory “teeth” to correcting underlying deficiencies, which lead to poor resident experiences, including direct harm. In the midst of a pandemic affecting many vulnerable Oregonians, compliance with current regulations is more important than ever. We strongly request that all **surveyor positions be added back to the APD budget**.

Second, the proposed budget indicates several reductions in the Office of Developmental Disability Services (ODDS) and the Behavioral Health Budgets of the Oregon Health Authority (OHA). Budget reductions in these programs affects their overall functionality. These programs serve the most deeply impacted Oregonians at a time when support, and even physical closeness, is robbed from these individuals. To maintain equity of services for those with mental health or IDD, we request **reconsideration of reductions to ODDS and OHA behavioral health programs**. These reductions will impact already marginalized communities.

Finally, we would speak on behalf of the OLTCO directly. We deeply appreciate the budget holding stable for staffing. However, restrictions on the agency’s use of legal, travel, training, or other

Jan Friedman,
Portland
Roberta Janssen,
Tigard
Dr. Dwight Mowry,
Ontario
Susan Schreiber,
Portland
Diana Allen,
Corvallis
Mark Williams,
Coos County
Dr. Helen Kao,
Corvallis
Sherry Stock,
Molalla
Allen Hines,
Portland

discretionary spending has a detrimental impact on the agencies daily functioning. Travel reimbursements for staff, and trainings for the nearly 200 volunteers who advocate for individuals in care settings, will negatively affect the agency's ability to complete its basic duties.

Furthermore, the restriction on legal charges will slow or freeze the ability of the Oregon Public Guardian (OPG) to take on new cases. All of these changes will directly impact the individuals whom the OLTCO programs serve. **We request that you return the additional services budget for the OLTCO.**

We recognize these unprecedented times challenge the budget prioritizations of the most critical services for Oregon. As we have noted, some of the budget reductions suggested will be felt most acutely by people who are most vulnerable to the COVID19 pandemic. We ask that a view towards equity guide the distribution of resources toward the protections of Oregon's most vulnerable residents. We deeply appreciate your consideration in this regard.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph M. Leykam".

Joseph M. Leykam, Chair
Residential Ombudsman and Public Guardianship Advisory Board

In 2019, lawmakers passed SB 1 and invested nearly \$30 million of state resources (along with significant federal match dollars) into reshaping Oregon's historically underfunded services for children and youth with specialized needs. Due to the COVID-19 pandemic, the state now faces a dire fiscal crisis and is seeking to eliminate much of this work.

Our groups, which worked with the Governor, Senate President and Chief Justice to develop SB 1, are now urging your consideration of an alternative approach to these reductions . The approach outlined below makes targeted cuts while retaining the essential framework of SB 1.

Above all else, we stress that these suggestions should serve as ONE TIME CUTS. The SB 1 investments need to be restored to their full levels in the 2021-2023 biennium if we hope to protect against future damage to the children's system of care in Oregon. This is especially critical during this time of sharply increasing need due to the pandemic.

- Andrew Grover, Robin Henderson, Dale Penn, Lara Smith

Agency	Program Area	2019 GF Allocation	Recommendation	JWM Co-Chair Cut Location	Agency 8% Reduction list location	Approx. savings if recommendation accepted	Loss of Federal match?	Approx. Federal Match at risk
Items currently in JWM Co-Chair 2020 Rebalance Plan								
OHA	Intensive In-Home Behavioral Health Treatment	\$ 6,600,000	Reduce 2019 GF allocation by 50%. This is a critical service with OHA and CCOs moving swiftly to implement. Without it youth will continue to be stuck in ERs and unnecessarily placed in hospitals and residential centers. Restore full amount in next biennium.	Line 63	OHA Priority #8	\$ 3,300,000	Yes	\$ 13,000,000
OHA	Regional Assessment Teams	\$ 5,700,000	Remove this funding from current biennium. Lack of clarity in service definition and connection to SOC.	Line 102		\$ 5,700,000	No	
Items NOT currently in JWM Co-Chair 2020 Rebalance Plan								
OHA	Crisis and Transition Services	\$ 3,070,000	Reduce 2019 GF allocation 70% due to difficulty finding providers and lack of federal match. Restore full amount in next biennium.		OHA Priority #94	\$ 2,070,000	No	
SOC	System of Care Council	\$ 1,000,000	Reduce by 70% of unspent funds. Allows agency some funding to begin developing this critical service			\$ 750,000.00	No	
DHS	Treatment Foster Care (Contracted therapy teams)	\$ 3,500,000	Pending further analysis and discussion			\$ -	Yes	\$ 5,030,000
DHS	Special Purpose Appropriation to support Prevention services under Federal "Family First Act"	\$ 4,000,000	Pending further analysis and discussion			\$ -	Yes	
DHS	Residential Capacity: 12 beds	\$ 741,000	Pending further analysis and discussion			\$ -	Yes	\$ 1,750,230
DHS	*Enhanced foster care: 140 placements	\$ 4,094,694	Pending further analysis and discussion			\$ -	Yes	\$ 8,626,476
Total estimated savings						\$ 11,820,000		\$ 18,030,000



**SERVICE EMPLOYEES
INTERNATIONAL UNION
LOCAL 503**

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Salem, OR 97309-1259

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Salem, OR 97302

6401 SE Foster Rd.
Portland, OR 97206

1.844.503.SEIU (7348)
www.seiu503.org

July 23, 2020

Co-Chairs Senator Beyer and Representative Nosse, members of the committee,

Thank you for the opportunity to submit testimony on behalf of SEIU Local 503. We are a union that represents more than 72,000 workers across the state of Oregon, a vast majority of which touch the human services budget in some way - from homecare workers serving adults and people with disabilities, to workers at the State Hospital, to Child Welfare workers, and other employees of DHS and OHA.

We appreciate that the Legislature is engaging in this public process, and allowing us the opportunity to see, line by line, the cuts that are being proposed to rebalance the state's budget. Our goal is to give you some perspective on a number of proposed cuts, and the impacts we believe they will have on services provided by OHA and DHS. Our feedback, concerns, and questions are organized by agency and program for clarity.

Department of Human Services

Child Welfare: We appreciate that the tri-chairs' framework says to start, "Makes minimal reductions to Child Welfare programs, maintaining multi-biennia investments in staffing, new programs, and legal services." The investments made in 2019 and 2017 in Child Welfare were critical to continuing to improve a system that has been in crisis for years. Preserving those investments is a prudent choice during this crisis, and we are glad to see in the line-item list that "minimal reductions" are in fact made. However, we do have concerns about one particular cut - Line 113 reduces the budget by approximately \$2.1 million for "district-specific training and travel costs." Not having complete clarity on what "district-specific training" means, our suspicion is that this is actually a reduction or perhaps an elimination of funds that support a contract with Portland State University's School of Social Work. That program is responsible for training most if not all Child Welfare staff, from Child Protective Services workers to Permanency workers. Any cuts or reductions to that training program, without a reinvestment in training internally at the Agency, mean that training for staff will suffer, which would be irresponsible at a time when many new staff have been hired and when demand for services remains high. We encourage you to reconsider this cut, if it will in fact reduce capacity at the PSU Partnership. We believe there were other proposals made in the original allotment cuts that could make up similar savings amounts, and that those should be considered first (such as a proposal to limit savings and supplies and retain vacancies in Central & Shared Services, which was projected to save nearly \$3.3 million, but was only listed as \$1.2 million in the list posted to OLIS).

Intellectual & Developmental Disabilities: There is a proposal to eliminate funding for a statewide case management system that was passed in



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2019. SEIU was a strong proponent of creating this statewide case management system to better serve Oregonians who are eligible for IDD services. Not funding this system will only continue the fragmentation of services during a time when people are relying on them more than ever before. We believe you should reconsider this cut.

Aging & People with Disabilities: There are a handful of harmful cuts proposed in the APD program that will impact services and the people who deliver them. SEIU's main concern lies with lines 107 and 108. These lines propose cutting half of the surveyor and field positions earned in 2019. These workers are a critical part of the service ecosystem for seniors and people with disabilities. The current workload for case managers is unsustainable, and this investment was originally intended to alleviate some of that. This cut is not necessary to create the savings needed to meet the budget cut, was recommended by LFO despite that, and should be rejected by the legislature.

Oregon Health Authority:

Public Health: Line 92 makes a \$400,000 reduction to funding for in-home care agency inspections. SEIU represents more than 30,000 in-home, Medicaid funded, care and support providers. The state's consumer employer program for these home care and/or personal support workers is managed through DHS. There are an additional, nearly 10,000, private home care workers who work for private agencies, some of which are Medicaid certified, and are managed by OHA. DHS and OHA are not equipped, or staffed appropriately, to be able to work in tandem on home care. This equates to lack of oversight and inconsistencies throughout an entire sector of long term care workers. Because there is a gap in accountability, workers are being poorly trained and vulnerable Oregonians are being put at risk. Accountability through more frequent surveys would lead to more consistency across the industry, like training, which leads to higher quality outcomes for both clients and workers. SEIU represents Addus, a private home care agency and we understand the impact of the current system on private agency home care workers. In an effort to create safer work environments, and more consistency across an entire industry, it's important that employers are prepared and capable of understanding their responsibilities and shortcomings. Especially during COVID, when many of these workers went weeks without any Personal Protective Equipment, and there are still challenges to getting them PPE. Surveys are a cost effective way to achieve that. The legislature should reject this cut.

Oregon State Hospital: SEIU represents mental health technicians, psychologists, psychiatric social workers and other workers who make it their mission to serve the patients on their mental health journey at the State Hospital. To start, the Oregon State Hospital already has significant challenges with understaffing and patient capacity that has only been exacerbated by the COVID-19 public health crisis. While these proposed cuts may seem minimal, we believe they will have as yet unknown



impacts on long-term patient care quality. Historically, at any given time, numerous staff are out on some form of medical leave, sick leave, or vacation due to stress, exhaustion, or injury or illness. According to OSH's budget narrative from 2019, an average of 10.6% of direct care staff are absent every day, not including planned absences. This contributes to existing problems with under-staffing, and increases the need for overtime (mandatory or otherwise), which is incredibly costly and taxing for staff. The elimination of any staff at OSH is harmful. And these particular staff are important for patient care and oversight of the Hospital, as noted above.

In summary, we believe there are a handful of proposed cuts that would be problematic given the impacts on programs, workers, and the people who are served. SEIU looks forward to working with legislators to identify other opportunities for savings in order to preserve critical programs and staff.

Sincerely,

Courtney Graham
Political Strategist
SEIU Local 503, OPEU

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Dear Legislators,

Since March we have been facing and addressing the problems that have arisen from the Corona Virus and the COVID-19 response. We now face a new challenge, made worse by the costs associated with responding to the virus. We continue to await the special legislative session on the budget, now rumored to begin in late August, and whether funds from the rainy day account will be released to cover state costs. The Federal Government is debating further stimulus in response to the disease, but no specific \$ amounts for Oregon or other states has been announced.

With all of that being said the revised budget, based on the rebalance proposal from the legislature is merely another proposed budget. As pointed out by Superintendent Matteucci "no decisions have been made yet." SEIU has been lobbying the legislature seeking to prevent any layoffs and will continue to do so. The leadership of SEIU Local #392 OSH has provided feedback on the current budget proposal and the negative effects that will occur if they are enacted that will be put before the legislative committee tomorrow.

SEIU Local #392, with the backing of statewide SEIU 503 opposes any layoffs of represented staff or reduction in services. We continue to work to represent our members and seek to prevent the damage that would be done by the current proposed budget. We suggest that there are other more appropriate cuts available that would not diminish services for our residents and would hold our members harmless.

We know that the budget shortfall is serious and that the response to COVID-19 has not ended, but we stand with our members and are working to limit if not prevent the most disastrous budget cuts. We do not know where we will end up, but we will face whatever comes and make every effort to protect our members.

Union Strong

Sent on behalf of the leadership of SEIU Local #392

Kim Thoma, President
Katherine Hays, Vice-President Salem
Shawn Holliday, Vice-President Junction City
Chuck Porter, Member at Large Salem
Lindie Nelson, Member at Large Junction City
Randy Davis, Treasurer
Dan Smith, Secretary

From:
To: [JWMHS Exhibits](#)
Subject: Testimony is support of not reducing relief days
Date: Friday, July 24, 2020 10:21:32 AM

Sharing testimony on behalf of a family in Jackson County.

Thank you

Sarah Jane Owens

Sarah Jane Owens
DD Specialist

Association of Oregon Community Mental Health Programs
544 Ferry St. SE
Salem, Oregon 97301

503-349-9576 - cell
sjowens@aocmhp.org --
www.aocmhp.org

From: Tonya Lynn Kockx <tkockx@gmail.com>
Sent: Thursday, July 23, 2020 7:18 AM
To: Sarah Jane Owens <sjowens@aocmhp.org>
Subject:

My Name is Tonya Kockx, I live in Jackson County. I have six children, four of which still live at home. Lucas, is 13 1/2, I adopted him when he was two. DDS services has given me relief and support in insurmountable ways. Having quality caretakers to be able to share the load is huge. Knowing that I have 14 days a year that I can plan to recharge my batteries, go to a mom retreat or training to further help Lucas be more successful all while he is in the care of a trusted caretaker is a stress relief for me.

Lucas has mostly "invisible" needs with his dx of fetal alcohol. For Lucas this often means he is impulsive and does not follow safety rules a even if you have told him "moments ago" or "100 times before" so just a family friend that has other responsibilities or children to care for cannot always take Lucas for extended periods of time. This comes off as behavior issues when actually it's a comprehension gap. Being able to have a strong group of trained caretakers helps Lucas to manage times I need to be away. It also means we have to reteach things if he is cared for by someone that doesn't do things "exactly" how we teach him.

The impact of losing these extra days for Lucas would mean I would be able to attend less trainings. I attend trainings to help navigate Lucas's school and future. We want Lucas to be able to be successful and a contributing member of society. parenting is hard work.

Parenting a special needs child adds an extra layer of difficulty. Recharging my batteries while my child is with a trained caretaker gives me peace of mind and the ability to take care of myself so I can come back ready to tackle his needs again!

Thank you,
Tonya Kockx
541.842.0340

--
Tonya Kockx

From:
To: [JWMHS](#)
Subject: [Tri-Chair](#) Budget Reduction-Children's Behavioral Health
Date: Monday, July 27, 2020 5:03:57 PM

Dear Chairs Nosse and Beyer and Members of the Committee,
I am an inpatient psychiatrist at Providence Portland Medical Center and I am writing to advocate against the budget cuts that affect intensive in-home behavioral health services. I see children stuck in the ED when they could be discharged to a lower level of care if they had the support. These services and interdisciplinary assessment teams can help to avoid this scenario. These services can be provided to avoid costly and traumatic long visits in the ED and in the hospital.

Thank you,
Clara Ruiz MD

Department of County Human Services

Director's Office



Ways & Means Sub-Committee on Human Services, July 23, 2020 - Testimony

Good afternoon Co-Chairs Beyer and Nosse and Committee members. I am Lee Girard, Interim Deputy Director for Multnomah County Human Services. I am here today to testify in the capacity as the Area Agency on Aging for our community, addressing reductions proposed by DHS Aging and People with Disabilities. Our agency operates Older Americans Act programs as well as the Medicaid programs for older adults and people with disabilities.

We appreciate DHS prioritizing continued funding of Oregon Project Independence, which is providing vital in-home long term care services.

We have significant concerns about several proposed reductions, especially in light of the impact of COVID-19 on older adults and people with disabilities:

- The reduction of mental health and Older Americans Act supports effectively eliminates these services for this coming year. Services include: anxiety and depression classes, transportation, senior nutrition, case management and other community services. Many of these services are now being delivered to people's homes, by phone or virtually. With COVID-19 unduly impacting this population, seniors need these services now more than ever.
- The elimination of 50% of the field staffing investment in AAA and APD offices will impact the capacity of Medicaid staff providing essential services to older adults and people with disabilities during the pandemic.
 - Adult Protective Services are investigating potential abuse of older adults and people with disabilities who are experiencing increased isolation and who are at higher risk of being abused due to the pandemic. As families begin to visit after the extended shut down, we are also likely to see increased reports of abuse.
 - Medicaid staff are ensuring that people have access to vital OHP, SNAP and Medicaid long term care benefits.
 - Medicaid Transition & Diversion staff are key players in supporting residents of long term care facilities, including:
 - Supporting placement needs when long term care facilities experience COVID-19 outbreaks and
 - Ensuring rapid hospital discharges and placements to free up hospital bed capacity

- Reduction in this staffing package will lead to increased caseloads and wait times for accessing these vital services at a time when the community and our systems can ill-afford such delays.

Thank you for the opportunity to share these concerns from our community.

Sincerely,
Lee Girard, Interim Deputy Director
Multnomah County
Department of County Human Services

From:

To:

Subject: Ways and Means Human Services Subcommittee July 23, 2020 Comments after agenda

Date: Thursday, July 23, 2020 1:00:10 PM

Please address the pending catastrophe of no more payments to support out of work people. No payments, no rent money, no mrtg. payments, no money for toilet paper or menstrual hygiene products, no money for electricity or water or auto insurance. How are the gov't. agencies going to help homeless people to get back their lives? Prevention is the best cure!!

Would the following attendees address my concerns.

- - Senator Beyer, Presiding Co-Chair
- Co-Chair Rebalance Plan for Agency Reductions:
 - - Blind, Commission for the
 - Human Services, Department of – Aging and People with Disabilities
 - Human Services, Department of – Child Welfare
 - Human Services, Department of – Intellectual and Development Disabilities
 - Human Services, Department of – Self-Sufficiency and Vocational Rehabilitation
 - Human Services, Department of – Shared/Central
 - Long Term Care Ombudsman
 - Oregon Health Authority – Health Systems
 - Oregon Health Authority – Public Health and Health Policy & Analytics
 - Oregon Health Authority – State Hospital
 - Oregon Health Authority – Shared/Central
 - Psychiatric Security Review Board

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Love yourself, love others. Love everyday; it may be your last.



Testimony on Cuts to DHS and OHA budgets

Co-Chairs Beyer and Nosse and Members of the Committee

OWRC has a long history of advocating for low-income women in our state on many issues. The provision of Temporary Assistance to Needy Families is one of the areas in which OWRC has had a continual interest. Starting in 2001 as the advocate for OWRC I discovered that the proposal for the program due to budget concerns would be the removal of \$20 million in state dollars from the program.

At this point, OWRC began to regularly observe and advocate for enhanced revenue for programs. We believe that programs that serve Oregonians that would ultimately decrease the income disparities for BICOP and low income Oregonians should be advanced versus tax benefits and credits for corporations and wealthy Oregonians.

In 2003 the Parents As Scholars bill passed to allow a very small number of participants participate in educational programs in lieu of the work requirement as a pilot. Very little support was provided as was the case in Maine on which the program was patterned. Again OWRC participated in agency organized meetings to help implement the program. The program has been on hold with no new participants since the 2009 session.

In 2007, HB 2469 was a redo of the entire TANF program as a result of many meetings by advocates over the 2005-2006 interim. Again, OWRC participated hoping that the redesign would allow for improvements for those families seeking self-sufficiency.

We all know the history. The recession of 2008 happened and in the 2009 legislature many of the redo's were put on hold for the duration. Years passed and the program provided the basics including cash assistance at about \$500 for a family of three.

OWRC participated in workgroup on TANF during the 2015 session which allowed for some stakeholder and agency committees to help redesign the benefit.

In 2019 there was additional money allotted to TANF in part because of complicated financial issues from prior years. Part of the money was designed for three pilots to improve services and the potential for more success for participants. Two of those pilots are now on the chopping block, in part because it is state only money. While I understand that the Housing Pilot is complicated with two agencies needed to design and agree on the areas for the pilots, the other pilot was based on an earlier pilot called REACH that was centered in the Southern Oregon area.

The Bottom Line is every time there is an effort to improve the TANF program (and there have been some improvements within the limited budgets) at every time there is downturn, the program is cut.

The basic household cash benefit for a family of three has remained virtually the same since 2001. The \$20 million cut in 2001 would equal nearly \$30 million in 2020.

Instead of first looking at cuts to programs in OHA and DHS, OWRC proposes that the legislature at least look at the tax benefit provisions for the wealthy in the CARES Act and disconnect. We will call out two of those provisions but suggest that you as legislators could look at the complete May 2020 Legislative Revenue Office paper to decide.

The CARES Act allows wealthier Oregonians who use business loss tax deductions to reduce tax liability by removing the limit on these deductions. These tax deductions apply to prior years (2018, 2019) as well. By disconnection from this provision Oregon would retain a limit on business loss tax deductions. The disconnection would save approximately **\$89** million in lost revenue. As has been pointed out by federal Joint Committee on Taxation, 95% of the benefit would go taxpayers with incomes greater than \$200,000.

The CARES Act allows wealthier Oregonians to use Net Operating Losses from prior years. NOL's from 2018, 2019, and 2020 under the new provisions can carry back 5 years (2013-) and from tax years 2017 thru 2020

can offset up to 100% of taxable income. If Oregon does not disconnect the lost revenue will be an additional **\$91** million.

It is up to you. Do you want to give tax breaks to wealthy Oregonians in 2020 taxes and continue the cuts to services that struggling Oregonians need? Or will you disconnect from portions of the tax provisions of the CARES Act imposed by Federal lawmakers on our revenue? It is your moral choice!

Marcia Kelley
Public Policy Advocate
OWRC

Email: owrcadvocacy@gmail.com



AOCMHP Testimony on I/DD System funding reductions

July 24, 2020

Dear Co-Chairs Beyer and Nosse and Members of Ways & Means Human Services Subcommittee:

The Association of Oregon Community Mental Health Programs (AOCMHP) is the statewide association of Community Developmental Disability Programs (CDDPs). CDDPs serve individuals who experience intellectual and developmental disabilities (I/DD) in all 36 counties of Oregon.

We echo the comments regarding the importance of family-to-family networks that have been outlined in numerous other pieces of written testimony. This testimony focuses specifically on **family support**, a different program from the family-to-family networks.

When a child in Oregon experiences I/DD, their family has access to case management services that are provided by CDDPs. When that child is enrolled in Medicaid, case managers can also help families cover costs such as for a personal support worker, suitable summer camps, or specialized medical equipment to keep a child healthy and safe. Children who are not eligible for Medicaid, or who are in the process of applying, rely on family support services to maintain health and safety.

Family support funds can be used for a variety of purposes, including assistance from a personal support worker, respite care, behavioral supports, necessary medical equipment, or other similar services. Family support services are funded solely by state general fund and the program has consistently been allocated between \$1.0 million (2019-2021) and \$2.3 million since the 2015-2017 biennium. The funds are distributed by CDDPs to individual families.

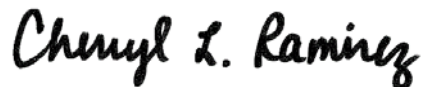
Since the onset of the pandemic, family support funds have become more crucial. With children cut off from schools, parks, and many regular activities, families face new challenges and need assistance. In April, ODDS acted swiftly to maximize the impact of this program in response to these needs. Through temporary rules, ODDS streamlined the administrative process for CDDPs to get funds to families and raised the annual maximum that a family can receive for an individual child (from \$1313 to \$1913; the additional \$600 is intended to be used for matters related to Covid-19, so this is a temporary increase and will end when the temporary rules expire). Additionally, several allowable uses were added, including telehealth services.

To see the importance of family support, we only need to look at how it's been used in response to the pandemic. In the first three months of this year, 109 families accessed family supports. Since the expansion of the family support resources, more than 1,400 families have received help and allocations increased from \$30k in the first quarter of 2020 to over \$500k in the second quarter. Approximately half of the total biennial budget for this program was used in the last six months alone.

The temporary rules issued by DHS are set to end on September 1. Absent extension of this program by ODDS, CDDPs will no longer have the authority to make streamlined disbursement decisions. This could result in fewer families accessing funds, and if the program is eliminated entirely, families who rely on family support, regardless of the new streamlined program, will be hurt.

We respectfully request that ODDS extend the family support expansion program and we ask the legislature to remove the family support reduction from the budget cut list.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Ramirez". The script is fluid and cursive.

Cherryl L. Ramirez
Executive Director, AOCMHP

A handwritten signature in black ink that reads "Sarah Jane Owens". The script is fluid and cursive.

Sarah Jane Owens
DD Specialist, AOCMHP



July 22, 2020

To: Ways and Means Subcommittee on Human Services

From: The Human Services Coalition of Oregon Board

Re: DHS Budget Cuts

Co-Chairs Beyer and Nosse, and Members of the Committee:

Thank you for your leadership and commitment to ensuring that Oregon is a place for all people to live, work and raise their families as part of our strong community. For 20 years, the Human Services Coalition of Oregon (HSCO) has been promoting the well-being of all Oregonians through sound public policy. With our partners, we are a powerful coalition that works to protect the quality of life of all Oregonians.

This moment calls us to make sure that everyone can weather this storm. Human services, including healthcare, disability supports, TANF, and food assistance help thousands of Oregonians stabilize their lives as Oregon recovers. Oregonians are depending on the safety-net right now. Based on lessons learned in past recessions, **we know the recovery will happen faster when we invest in human services that support people and help families avoid crisis and trauma.** People's needs do not go away during tight budget times. Instead, they increase. Without targeted human services supports, people will be forced to get support they need in more expensive, traumatic and inappropriate settings like emergency rooms or shelters or they will suffer the consequences of doing without. Oregonians need human services that will get them to the other side of the crisis while building capacity to contribute to a vibrant and enriched economy in the future.

Now is not the time to make cuts to the safety-net, and HSCO asks this committee to consider all potential alternatives to cuts to prevent worse outcomes for Oregonians and reduce long-term costs as well as maintaining federal funding that would otherwise be lost:

1. **Maximize federal funding opportunities.** We must make sure we are using all current federal funding opportunities, including enhanced match rates and accrued FMAP savings and also wait until we know the impact of the next round of federal stimulus to avoid making cuts that will cause additional harm to Oregonians.
2. **Raise revenue before cutting services.** Instead of cutting services struggling families depend on to survive, raise additional revenue from the corporations and rich Oregonians who have thrived during this crisis
3. **Use Oregon's reserves now,** while families are in crisis. Now is the time to use some of those funds to stabilize Oregonians lives with critical human services

Leslie Sutton; Co-Chair: Leslie.Sutton@ocdd.org
Rachael Wiggins Emory; Co-Chair: remory@thornrun.com
www.oregonhsko.com

programs. The rainy day funds offer a bridge to shore up human services – and the lives of thousands of Oregonians.

These requests are made with the below principals in mind. HSCO call on policy makers to prioritize:

Program stability: Holding the human services budget at current service level or higher, maintaining, at minimum, sustainable funding for the programs that benefit the lives of low income and vulnerable Oregonians.

Equitable: Demonstrate, with consistency, our commitment to equity and racial justice. Ensure the state's actions are not having a disproportionate impact on communities of color, either people receiving services or the workforce supporting them.

Collaborative: Collaborative decision making with stakeholders in every community through broad and meaningful inclusion of consumers and advocates in policy formulation, program development and evaluation.

Holistic View: Recognize that the safety-net that is necessary for so many right now, was also necessary for many before this crisis. This crisis has disproportionately impacted Oregonians who were already vulnerable and budget decisions must not favor those newly impacted to the detriment of those who continue to need services.

Interconnected: Recognize that families rely upon services from intersecting agencies and systems, so that decisions to reduce funding across programs may have an incremental impact upon any family experiencing compounding reductions in benefits and services.

Recognizing Human Cost of Reductions: Considering the human cost of enacting severe reductions to critical services for children, families, seniors, and people experiencing disabilities and others who are among Oregon's most vulnerable populations.

We will not be able to avoid painful cuts unless we bring more revenue into the state budget. The following principles should guide any tax increase:

Progressive: Tax policies should ensure Oregonians with more income and wealth contribute a larger share of their resources to support the common good than those with less resources and economic stability.

Adequate: Total tax and other revenues are sufficient to finance the services necessary for the health, education, safety, financial stability, and wellbeing of Oregonians.

Equitable: As in many other areas of public policy, tax policy has fostered inequitable outcomes based on race, ethnicity, and gender. Oregon's tax and revenue system should remove these barriers and inequities and advance economic opportunity for all Oregonians as we rebuild from this crisis.

Leslie Sutton; Co-Chair: Leslie.Sutton@ocdd.org
Rachael Wiggins Emory; Co-Chair: remory@thornrun.com
www.oregonhsco.com

July 25, 2020

Subject: Tri-Chairs Budget Reduction – Children’s Behavioral Health

Dear Chairs Nosse and Beyer and Members of the Committee:

My name is Annette Marcus and I’m a social worker who lives in Eugene, Oregon. I am writing today regarding proposed reductions to behavioral health budgets – a system that has been chronically underfunded for years. I am especially concerned about the impact that these budget cuts will have on children, young people, and families. I understand that you have a series of difficult decisions ahead of you as you look at reduced budgets and revenue, however during this time of pandemic and economic upheaval, Oregonians need access to a broad range of mental health services and substance use treatment more than ever.

I specifically oppose the proposed cuts to the Oregon Health Authority budget for the children’s behavioral health system, including Intensive In-Home Behavioral Health Services and postponing funding interdisciplinary assessment teams. These services help children and families in the highest level of acuity and complexity by providing individualized and community-centered supports. At this historic moment, it seems especially short sighted to pull back on the very investments that are known to prevent homelessness, interrupt the school to prison pipeline and keep children and young people in the community and with families rather than placed in institutional or residential care.

Please protect investments in our behavioral health system, especially supports to children and families.

Sincerely,

A handwritten signature in cursive script that reads "Annette A. Marcus".

Annette Marcus, MSW

Eugene, Oregon

Annette.Marcus@gmail.com

530-570-5115

Planned Parenthood Advocates of OregonJuly 22nd

Chairs Nosse and Beyer and members of the Ways and Means Sub-committee on Human Services,

Planned Parenthood Advocates of Oregon is the statewide political voice advocating for reproductive health care and Planned Parenthood's two Oregon affiliates, Planned Parenthood Columbia Willamette and Planned Parenthood Southwestern Oregon. As the state's leading political voice for reproductive health care, we would like to thank you for the opportunity to comment on the Co-Chair's Rebalance Plan and the draft detailed reduction plan released this week.

We would like to draw attention to the proposed reductions in the [JWM Co-Chair 2020 Rebalance Plan - Agency Reduction Detail](#), line 86 which outlines OHA budget reductions in the Public Health division related to reproductive healthcare. Line 86 outlines reductions to the Contraceptive Care Program (CCare), and the Reproductive Health Equity Act and Reproductive Health. The proposed reduction is **(\$1,699,907)** general funds and **(\$4,500,000)** federal funds which is a **(6,199,907)** total budget reduction.

We want to acknowledge and thank this committee and the Co-chairs for their work in this difficult time to preserve critical services. We also appreciate the [principles and approach](#) the Co-Chairs have outlined. We urge this committee to consider the principle that states *"Where possible, minimize reductions that result in loss of federal matching funds."* The cuts to reproductive healthcare that are being considered have long reaching impacts and provide critical time sensitive healthcare and these proposed cuts go directly against this Co-chairs principle and result in a major loss of federal funds.

CCare is one of the most cost-effective programs in Oregon, saving the state \$22.8 million from the reduction in unintended pregnancy in 2017 alone. About 14 percent of Oregon Contraceptive Care clients have an unintended pregnancy averted through the provision of effective contraceptive methods and counseling services. Moreover, this program has a 9-to-1 federal match—for every \$1 of state investment, we leverage \$9 of federal matching funds.

CCARE is also a very accessible program for patients to enroll in at a variety of providers like the county, community health centers and many providers that serve at risk populations. CCARE and RHEA strongly align with the state's efforts towards equity that PPAO shares and supports. When it comes to reproductive healthcare and these programs in particular we hope this committee will take into account another Co-chair budget rebalance principle to *"Prioritize and address immediate problems and issues first, considering equity while focusing on the needs of individual Oregonians, workers, and Oregon businesses most affected by COVID-19."*

As noted by the agency these reductions are due to under-spending and a decline in utilization. Planned Parenthood, like so many small safety net non-profit providers has indeed seen a decrease in volume during the pandemic as our health centers have played a key role in the greater public health mission to flatten the curve and decrease the spread of the virus. A key and complicating issue is that this occurs at the same time of soaring unemployment and more Oregonians needing healthcare through the Oregon Health Plan and we expect the CCare program. Moreover, the RHEA program is only 2 years into its implementation and we are concerned about the outreach that will be lost with these cuts when the program serves Oregonians with the most barriers to access healthcare including communities of color and low income communities.

Planned Parenthood health centers are critical medical providers in the communities they serve—often functioning as the primary or only provider for many patients. The pandemic presents a unique moment for many when it comes to family planning. According to a [Guttmacher Report on the impact of COVID-19 on Sexual and Reproductive Health and fertility preferences in the time of the pandemic](#) “More than 40% of women reported that because of the COVID-19 pandemic, they changed their plans about when to have children or how many children to have.” The report goes on to explain that “Sharp disparities were seen in these changing fertility preferences, and women belonging to groups already experiencing systemic health and social inequalities reported the greatest change.

- Black women (44%) and Hispanic women (48%) were more likely than White women (28%) to state that because of the pandemic, they wanted to have children later or wanted fewer children.
- Queer⁺ women (46%) were more likely than straight women (33%) to report such a change in fertility preferences.
- Lower-income women⁺ (37%) were more likely than higher-income women (32%) to report this change.

It is also important to highlight the potential outcomes of these cuts as outlined by the Oregon Health Authority. In the OHA [Agency Reduction Options 2019-21](#) document regarding the Reproductive Health Equity Act it is noted that “Limits to staffing or operations may impede program's ability to support provider re-engagement post-COVID-19”. The document also explains “Reductions resulting from delays outreach efforts to vulnerable populations, which may yield limited engagement in reproductive health services and potentially lead to unintended pregnancies. Limits to staffing of operations may impede program's ability to support provider re-engagement post-COVID-19. Given additional loss of Title X activities this reduction would be difficult to absorb”

Planned Parenthood affiliates provide high quality and essential reproductive health services in 11 health centers throughout Oregon. In 2019 Planned Parenthoods across the state saw over 40,000 Medicaid visits and over 20,000 CCare and Reproductive Health program visits. Making sure everyone has access to the healthcare the need, regardless of address, income, gender identity, race, sexual orientation, or type of insurance, is a core part of the Planned Parenthood mission and must be a part of the state's mission at this time. Planned Parenthood affiliates serve patients through CCare and the Reproductive health program and we must ask what happens when utilization goes back up for these essential services that are both time sensitive and have long lasting health and wellbeing impacts?

We urge the committee to focus on 4 next steps:

- Reconsider the loss of federal matching funds that support access to contraceptive care.
- Prioritize protecting critical public services now to prevent more significant costs in the future.
- Consider the use of the rainy-day fund and money left over from last session. The rainy-day fund was created for times like these.
- Use unspent Federal Cares Act dollars while we wait for another federal aid package that could bring additional resources into the state.

Sincerely,

Emily McLain
Executive Director
Planned Parenthood Advocates of Oregon

Human Services Subcommittee Hearing on 2020 Rebalance Plan for the 2019-21 Biennium - Testimony by John Calhoun – 7-23-2020

The Subcommittee is considering budget cuts of \$180 million amid the worst economic and health crisis in our lifetime when it should be increasing spending to take care of so many vulnerable people. What makes this proposal so infuriating is that there is a very simple financial solution that could easily balance this budget hole.

Two provisions in the CARES Act passed by Congress cut Oregon business and personal tax revenues by \$181 million. Disconnecting from these two provisions could replace the proposed cuts.

The first provision, which will cost Oregon \$89 million this year, eliminates a constraint on deductions individuals were allowed to take on business losses when Congress lowered their taxes in 2017. Under that law, the losses could still be deducted to offset other income – say, from wages – but only in future years. Those limits have now been repealed for 2018 through 2020, and taxpayers can amend their tax returns. In other words, in 2017 Congress said, “We’re going to lower tax rates on business income, and in exchange we’re going to limit your ability to deduct business losses against other income.” In the CARES Act it said, “Never mind, you can take all those deductions too.”

According to the Joint Committee on Taxation analysis, 88% will go to taxpayers with incomes greater than \$500,000 and 95 percent of the benefit will go to taxpayers with incomes greater than \$200,000. Assuming that analysis holds for Oregonians, the very wealthy will get \$85 million of the \$89 million dispensed from the General Fund.

The second provision on Net Operating losses will cost Oregon \$91 million according to LRO. Taxpayers can amend their 2018 tax returns, allowing them to use NOLs reported as early as 2013. The distributional effects are similar to those of the change in business loss limitations.

So why would the legislature order the Department of Revenue to cut checks to the wealthiest, forcing us to reduce funds for Aging and People with Disabilities and to reduce spending on mental health while the number of Oregonians suffering from stress and depression are skyrocketing? This is an immoral choice.

It is not as if the wealthiest in Oregon are not well taken care of. They will still get the much larger federal benefits of these provisions and pay much lower federal rates from the 2017 cuts. They get most of the Oregon kicker, benefit from lower state pass-through rates, and profit from a host of other corporate and high-income tax loopholes. The net effect according to the Institute on Taxation and Economic Policy is that the top 1% of Oregon taxpayers pay 20% less in state and local taxes as a percent of income than the bottom 20%.

You have a choice. Hurt the most vulnerable in society or cut checks to the wealthiest. What will you decide?

From:
To: [JWMHS Exhibits](#)
Subject: Written Testimony regarding: Human Services Joint Subcommittee of Ways and Means Budget Proposals
Date: Thursday, July 23, 2020 6:20:38 PM

Dear Legislators,

As you consider any cuts or budget priorities, please reflect deeply about our the needs within our communities and families:

BEGIN by hold equity as a guiding principle - act with the knowledge that limits cuts services provide for our most vulnerable populations (especially BIPOC communities)

CONSIDER carefully as you look at programs that bring a federal match, such as the C-Cares and wait until Congress passes its next CARES Act to see how that will mitigate the need for some cuts

PROCEED with plans to eliminate or pare back unneeded and unfair tax breaks that overwhelmingly benefit the wealthy, especially those in the CARES Act and...use some of our "Rainy Day Fund" to preserve programs that are vital to vulnerable citizens.

Your work is CRITICAL and has lasting impact how the state allocates funding now and in the future - Oregon is counting on you to preserve and strengthen our connections and services during this crisis as well as plan for our future.

Thank you,
DyLynn Robertson
6325 NE Oregon Street
Portland, OR 97213